

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

L78922
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 PM 2:41

DOCUMENT # **L78922**

1. Corporation Name

P. REID CORPORATION

Mailing Address

~~C/O ROBERT S. BURWIT - E99.~~
~~1714 CAPE CORAL PKWY.~~
~~CAPE CORAL FL 33914~~

Principal Place of Business

~~C/O ROBERT S. BURWIT - E99.~~
~~1714 CAPE CORAL PKWY.~~
~~CAPE CORAL FL 33914~~

100002011591--0
-11/21/96--01089--034
*****775.00 *****775.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Maryann K. Reid
Suite, Apt. #, etc.
3624 S.W. 1st Avenue
City & State
Cape Coral, Florida
Zip
33914
Country
USA

3. New Principal Office Address, If Applicable

Maryann K. Reid
Suite, Apt. #, etc.
3624 S.W. 1st Ave
City & State
Cape Coral, Florida
Zip
33914
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

06/11/1990

5. FEI Number

05-0200564

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	REID, PATRICK L.	1714 CAPE CORAL PKWY. 3624 S.W. 1st Avenue	CAPE CORAL FL 33914
SD	REID, MARYANN K	1714 CAPE CORAL PKWY. 3624 S.W. 1st Avenue	CAPE CORAL FL 33914

REINSTATEMENT

1994-1/996

(BK) (CVS)

8. Name and Address of Current Registered Agent

~~BURWIT, ROBERT S.~~
~~1714 CAPE CORAL PKWY.~~
~~CAPE CORAL FL 33914~~

9. Name and Address of New Registered Agent

Name
Maryann K. Reid
Street Address (P.O. Box Number is Not Acceptable)
3624 S.W. 1st Avenue
Suite, Apt. #, etc.
N/A
City
Cape Coral
State
FL
Zip Code
33914

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Maryann K. Reid

REGISTERED AGENT MUST SIGN

Date **11-14-96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Maryann K. Reid
Maryann K. Reid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-96

Date

(941) 542-4972

Daytime Phone #

CR2040 (6/94)