

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 24 AM 9:54

DOCUMENT # **M35761**

1. Corporation Name

REEF VENTURES, INC.

Principal Place of Business

Mailing Address

~~300 E OCEAN AVE~~
~~LANTANA FL 33469~~

20 SPUTRAIL CIRCLE
TEQUESTA FL 33469



REINSTATEMENT **B**

01

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

2. New Principal Office Address, If Applicable

U.S. Hwy #1 & County Line Rd.

Suite, Apt. #, etc.

TEQUESTA, FL.

City & State

Zip 33469

Country MARTIN

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1986

5. FEI Number

59-2720081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	MILLER, STEPHEN R.	20 SALITRAIL CIRCLE	TEQUESTA FL 33469
VSD	BRUNDICK, LORI, LYNN	2848 IONIC AVE	JACKSONVILLE FL
			200004750642--1 -01/04/02--01016--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MILLER, STEPHEN R.
20 SALITRAIL CIRCLE
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Stephen R. Miller
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/20/01

11. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Stephen R. Miller
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/01 561-252-0857
Daytime Phone #