

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000006500

1. Entity Name
FLORIDA READ & LEAD, INC.



FILED

07 SEP 19 AM 6:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4659 THE OAKS DRIVE
MARIANNA, FL 32446

Mailing Address
4659 THE OAKS DRIVE
MARIANNA, FL 32446

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09172007 REIN-NP

CR2E099 (1/07)

4. FEI Number
59-3756476

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRIPLING, KAREN W
4659 THE OAKS
MARIANNA, FL 32446

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME STRIPLING, KAREN W ☐ Delete
STREET ADDRESS 4659 THE OAKS DRIVE
CITY-ST-ZIP MARIANNA, FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700109961337
CITY-ST-ZIP 09/26/07--01038--007 **\$61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kay Stripling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/2007
Date

Daytime Phone #