

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 14 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 2000000010116

1. Corporation Name

REO Enterprises, Inc.

200036519482
05/17/04--01068--007 **450.00

REINSTATEMENT 02-04

2. Principal Office Address

2193 West King Street
Suite, Apt. #, etc.

Suite C
City & State

Cocoa FL

Zip Country
32926 USA

3. Mailing Office Address

P.O. Box 5160458
Suite, Apt. #, etc.

Rockledge FL
City & State

Zip Country

32956-0458 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-24-00

5. FEI Number

59-3630700

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Raymond E. Owens

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

2193 W. King Street

Suite, Apt. #, Etc.

Suite C

City

Cocoa

State

FL

Zip Code

32926

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-11-04

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D | Raymond Edward Owens | 2193 West King Street | Cocoa FL 32926 |
| D | Tracy Beth Owens | 3810 Stoneham Dr | Cocoa FL 32926 |
| | | | |
| | | | |
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10. 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:

Raymond E. Owens

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

321-638-4947

Daytime Phone #

CR2E001 (01/04)



"Like it Never Even Happened"

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Servpro of Central Brevard P.O. Box 560458 - Rockledge, FL 32956-0458 - (321) 638-4947

June 8, 2004
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern,

In the latter part of April 2004 while looking around the internet, it came to my attention that my corporation had been dissolved. I was completely unaware that I was required to fill out forms and pay a yearly fee to maintain my status as a corporation. My CPA set up my corporation and I believe he had filled out at least the form for 2001. I changed CPAs and did not receive any paper work at my office notifying me that I was late or in danger of being dissolved. My new CPA has informed me the yearly fee is 150.00. Please find enclosed a check for 450.00 for the calendar years of 02,03,04 along with a Florida Department of State corporation reinstatement form.

If it is necessary to provide any further information please feel free to contact me at 321 638-4947 or email to rayservpro@bellsouth.net. My mailing address is PO Box 560458, Rockledge, FL 32926-0458. Thank you in advance for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Ray Owens", with a long horizontal flourish extending to the right.

Raymond E. Owens
President
REO/rms
Cc: file