

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000025310

1. Corporation Name

REEL LAND INC.

Principal Place of Business

Mailing Address

5335 HORNBILL CIRCLE
LAND O' LAKES FL 34639

5335 HORNBILL CIRCLE
LAND O' LAKES FL 34639

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2000

5. FEI Number

NOT APPLICABLE

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
D	LEINS, RONALD N	3744 HILLVIEW CT.	LAND O' LAKES FL 34639
D	YOUNG, EDWARD A	8404 STILLBROOK AVE.	TAMPA FL 33615
D	HAKE, LAWRENCE A	4527 HAMPSHIRE RD.	TAMPA FL 33634
D	NEWHALL, MARY B	5335 HORNBILL CIRCLE	LAND O'LAKES FL 34639

500024994525

11/25/03--01002--020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEWHALL, ERIC B
5335 HORNBILL CIRCLE
LAND O' LAKES FL 34639

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. or 617.0505, F.S.

Signature of
Registered Agent

Eric B. Newhall
REGISTERED AGENT MUST SIGN

Date

11/19/2003

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:

Edward A. Kbrun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/2003

Daytime Phone #

813-928-1981

CR2E040 (7/03)