

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

FILED

02 MAY 22 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000090783

1. Corporation Name

Reclaimed, Inc.

2. Principal Office Address

9057 E ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

9057 E ORANGE AVE

Suite, Apt. #, etc.

City & State

FLORAL CITY FLORIDA

City & State

FLORAL CITY FLORIDA

Zip

34436

Country

US

Zip

34436

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9/2000

5. FEI Number

59-3676663

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

WILLIAM S. SCHRODER

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

9057 E ORANGE AVE

Suite, Apt. #, Etc.

City

FLORAL CITY

State

FL

Zip Code

34436

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

Date

REGISTERED AGENT MUST SIGN

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/P	William S. Schroder	9057 E. ORANGE AVE	FLORAL CITY FL. 34436
D/UP ST.	CHERYL A. Schroder	9057 E. ORANGE AVE	FLORAL CITY FL. 34436

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)(f), 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:

William S. Schroder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-02

Date

726-2987

Daytime Phone #

CR2E081 (9/01)


May 21, 2002

RECLAIMED, INC.
9057 E. ORANGE AVE.
FLORAL CITY, FL 34436

Ref. Number P00000090783

To whom it may concern,

My accountant filled out a 2002 corporate annual report/uniform business report form because I did not receive one in the mail. I mailed it in with the \$150.00 fee and it was returned because I did not pay the 2001 fees. We started the corporation late in 2000 and I was informed that I would receive a notice from the State when these fees were due. To date, I have not received any notice from the State. My 2002 business report form was returned with the fees, (see enclosed letter). I am asking for the reinstatement fees to be waved and I am enclosing \$300.00 for years 2001 and 2002. My home phone number is (352)726-2987. Thanks for your attention to this matter.



William Schroder
President,
Reclaimed, Inc.

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