

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000023359

1. Corporation Name

GABRIEL A. REED, P.A.

Principal Place of Business

Mailing Address

15 PARADISE PLAZA SUITE 255  
SARASOTA FL 34239

15 PARADISE PLAZA SUITE 255  
SARASOTA FL 34239

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

FILED

04 MAR -9 AM 9: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/2001

5. FEI Number

65-1083655

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	REED, GABRIEL	15 PARADISE PLAZA SUITE 255	SARASOTA FL 34239
			100028640301 03/09/04--01023--007 **150.00
			100028640301 02/12/04--01027--004 **150.00

8. Name and Address of Current Registered Agent

CHERP, RONALD M  
3859 BEE RIDGE ROAD SUITE 101  
SARASOTA FL 34239

Registered agent  
canceled

9. Name and Address of New Registered Agent

Name Gabriel Reed  
Street Address (P.O. Box Number is Not Acceptable)  
15 Paradise Plaza #255  
Suite, Apt. #, Etc.  
#255  
City Sarasota  
State FL Zip Code 34239

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.

(registered agent is deceased)

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3-2-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/2004

Daytime Phone #

941-705  
5454

CR2E040 (7/03)

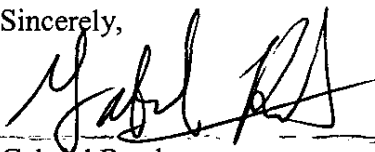
20f2

Florida Division of Corporations  
POB 6327  
Tallahassee, FL 32314

Dear Department of State,

I did not receive my re-newel notice in the mail. In addition, my registrar has passed away and I must file my own documents. Please accept this payment for my annual corporate dues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gabriel Reed', written over a horizontal line.

Gabriel Reed

Gabriel A. Reed, P.A., President

Tax.I.D. # 65-1083655