

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 18 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000063357**

1. Corporation Name
REGINALD W. FLAGG, INC.

Principal Place of Business 201 SOUTH BAY BOULEVARD ANNA MARIA FL 34216	Mailing Address 201 SOUTH BAY BOULEVARD ANNA MARIA FL 34216
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REINSTATEMENT *or*

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		4. Date Incorporated or Qualified To Do Business in Florida 06/25/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 35-2165602	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	FLAGG, REGINALD W	201 SOUTH BAY BOULEVARD	ANNA MARIA FL 34216

BR 2/20

900009582659
12/18/02--01066--023 **750.00

8. Name and Address of Current Registered Agent

FLAGG, REGINALD W
201 SOUTH BAY BOULEVARD
ANNA MARIA FL 34216

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 *Reginald W. Flagg* **SIGNATURE REQUIRED** Date 12-16-02
REGISTERED AGENT MUST SIGN

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: *Reginald W. Flagg* **SIGNATURE REQUIRED** *Reginald W. Flagg* 12-16-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **720-235-9025**

CF2E040 (8/02)