


1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JUL 31 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P01000082948  
1. Corporation Name  
GAYLAND H. REED, INC.

300078466352  
08/06--01027--005 \*\*600.00

2. Principal Office Address 261 Sandy Cay Drive Suite, Apt. #, etc.		3. Mailing Office Address 261 Sandy Cay Drive Suite, Apt. #, etc.	
City & State Miramar Beach, FL		City & State Miramar Beach, FL	
Zip 32550	Country	Zip 32550	Country

REINSTATEMENT CR2E081 (2/05) 03-06

4. Date Incorporated or Qualified To Do Business in Florida 8/15/2001

5. FEI Number 59-3738207 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  
GAYLAND H. REED

Street Address (P.O. Box Number is Not Acceptable)  
261 SANDY CAY DRIVE

Suite, Apt. #, Etc.

City  
MIRAMAR BEACH

State  
FL

Zip Code  
32550

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 *Gayland H. Reed* Date 7-25-06  
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
DP	Gayland H. Reed	261 Sandy Cay Drive	Miramar Beach, FL 32550
DST	Delores S. Reed	261 Sandy Cay Drive	Miramar Beach, FL 32550

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 contained in Chapter 119, 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: *Gayland H. Reed* President 7-25-06 (850) 259-9239  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Gayland H. Reed, Inc.**  
**261 Sandy Cay Drive**  
**Miramar Beach, FL 32550**

**Phone: (850) 259-9239**

July 24, 2006

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

RE: Reinstatement Application – Gayland H. Reed, Inc.  
P01000082948

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2003. I suspect that the notice was mailed to the old Cape Coral, FL address and never was forwarded to me. Because I did not receive the dues notice and renew the corporation for 2003, I did not receive a notice for any succeeding year.

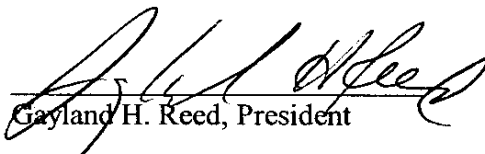
I did not realize that none of the reports for these years (2003 through 2006) had not been paid and filed until I tried to obtain my Workers Compensation Exemption card and discovered that my corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$600.00 to pay the annual fees (\$150.00 per year) for 2003, 2004, 2005 and 2006; and reinstate my corporation as quickly as possible.

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,

  
Gayland H. Reed, President