

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0200022904

1. Corporation Name

READINGKEY, INC.

2. Principal Office Address

7309 ABRON DRIVE

Suite, Apt. #, etc.

City & State

DURHAM, NC

Zip

27113

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

2-25-2002

5. FEI Number

90-0171221

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

RICHARD PRESSINGER

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

5685 SOUTH AIA HWY, APT. 2

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

State

FL

Zip Code

32909

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

Richard W Pressinger

REGISTERED AGENT MUST SIGN

Date

Sept 27, 2004

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
P	RICHARD PRESSINGER	7309 ABRON DRIVE	DURHAM, NC 32909

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)(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:

Richard W Pressinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/04

Date

919-806-0157

Daytime Phone #

9/10/04 90002016 550.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT -5 AM 8:11

FILED

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10/05/04--01051--003 **358.75

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