

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000059770

1. Corporation Name

REYNOLDS TECHNOLOGIES, INC.

900111243459
10/23/07--01072--008 **750.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
3507 GOLDEN EAGLE DR

3. Mailing Office Address
1111 ROLLING STONE RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAND O LAKES FL

City & State
ODESSA FL

Zip
34639 Country
USA

Zip
33556 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida **05/30/2002**

5. FEI Number
82-0547272

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
JERRY W. REYNOLDS

Street Address (P.O. Box Number is Not Applicable)
1111 ROLLING STONE RUN

Suite, Apt. #, Etc.

City
ODESSA

State
FL Zip Code
33556

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 REGISTERED AGENT MUST SIGN

Date **10-16-2007**

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
PDS	JERRY W. REYNOLDS	1111 ROLLING STONE RUN	ODESSA FL 33556
D	JEFFREY W. REYNOLDS	3507 GOLDEN EAGLE DR	LAND O LAKES FL 34639

REINSTATEMENT 10-07
RH

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-2007

Date Daytime Phone #