

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113732

1. Entity Name  
BRUCE REED INTERIOR TRIM, INC.



FILED

13 JUL 19 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
982 LASTER LANE  
TALLAHASSEE, FL 32305 US

Mailing Address  
982 LASTER LANE  
TALLAHASSEE, FL 32305 US



07192013 REIN-P CR2E098 (12/11)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
32-0106699

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, BRUCE A  
982 LASTER LANE  
TALLAHASSEE, FL 32305

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/19/13

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
REED, BRUCE A  
982 LASTER LANE  
TALLAHASSEE, FL 32305 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

DATE

E-MAIL ADDRESS

REINSTATEMENT

1213

100249955071  
07/19/13--01013--015 \*\*\$900.00

9/19/13