

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000 137769

1. Corporation Name

Reece Selover Inc.

2. Principal Office Address

1857 SW Millikin Ave

Suite, Apt. #, etc.

City & State

Pt St Lucie FL

Zip

34953

Country

USA

3. Mailing Office Address

1857 SW Millikin Ave

Suite, Apt. #, etc.

City & State

Pt St Lucie FL

Zip

34953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/03

5. FEI Number

200 42 4639

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

Reece Selover

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

1857 SW Millikin Ave

Suite, Apt. #, Etc.

City

Pt St Lucie

State
FL

Zip Code

34953

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

Reece Selover

REGISTERED AGENT MUST SIGN

Date

9/20/06

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
Pres	Reece Selover	1857 SW Milliken Ave	Pt St Lucie FL 34953

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:

Reece Selover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06

Date

954 699 6401

Daytime Phone #

Reece Selover Inc. document # P03000137769
9-20-06

DEAR Dept of STATE
Division of Corporations

The intent is a WAIVER Letter

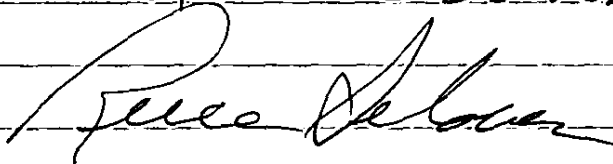
Because I did not receive

my ANNUAL Report Notice's in 2004

Please WAIVE the reinstatement fee.

Sincerely

REECE SELOVER

A handwritten signature in cursive script that reads "Reece Selover".