

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000150102

1. Corporation Name

REASCO, INC.

2. Principal Office Address

241 Greenwood Drive

Suite, Apt. #, etc.

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

3. Mailing Office Address

241 Greenwood Drive

Suite, Apt. #, etc.

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

FILED

05 DEC 23 AM 9:19

CR2E081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/12/2003

5. FEI Number

☒ 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

Wayne D. Ramoski

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

241 Greenwood Drive

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

Date 12/22/2005

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
P	Wayne D. Ramoski	241 Greenwood Drive	Key Biscayne, FL 33149

BN/2005
NEW STATEMENT 04 00

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12/23/05--01047--013 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/2005

Date

305-533-2840

Daytime Phone #