


2006 FOR PROFIT CORPORATION REINSTATEMENT

1092

DOCUMENT # P04000062962

1. Entity Name
REED CONSORTIUM INC.



FILED

06 MAY -4 AM 8:45

FLORIDA STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**401 NORTH HIGHWAY A1A
FLAGLER BEACH, FL 32136 US**

Mailing Address
**7 CRANDALL CT
PALM COAST, FL 32137 US
(Change of address)**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
17 Mahoe Drive North
Suite, Apt. #, etc.
City & State
Palm Coast, FL
Zip
32137
Country
USA

04252006 REIN-P CR2E098 (11/05) **05-06**

REINSTATEMENT
20-2177307

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

6. Name and Address of Current Registered Agent
**RUHS, EDWARD E
7 CRANDALL CT
PALM COAST, FL 32137
(Change of address)**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
17 Mahoe Drive North
City **Palm Coast** **FL** Zip Code **32137**

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 _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUHS, EDWARD E 7 CRANDALL CT PALM COAST, FL 32137 (Change of address) <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300075221023 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/25/06--01010--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUHS, EDWARD E 17 Mahoe Dr. North Palm Coast, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075221041 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/25/06--01010--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward E. Ruhs* **5/1/06** **386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **898-445-1444**

20FZ

The BUSINESS TAX INSTITUTE

Samuel B. Eckhardt, EA
Accountants, Tax Consultants
Audit Consultation and Representation

April 26, 2006

1133 Glenwood Road
DeLand, FL 32720-2133

Phone: Voice (386)736-7001
Fax (386) 740-8293

Barbara Mitchell, Document Specialist
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Reed Consortium, Inc., P04000062962

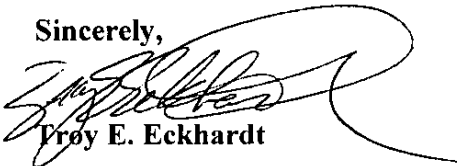
Dear Ms. Mitchell,

My client, Reed Consortium, Inc., failed to file an annual report in 2005 and was administratively dissolved on 9/16/2005. The principal did not file the AR because the Division of Corporations was not aware of a change of address and therefore did not send the reminder postcards to the correct address in 2005 and in 2006.

We respectfully request that because of this oversight that the Division of Corporations waive any penalties or fees incurred as a result of my client's failure to file in 2005 and possible late filing in 2006, accept the two enclosed \$150 checks for the years 2005 and 2006 as well as the enclosed application for reinstatement, and reactivate the corporation.

Thank you for your assistance in this urgent matter.

Sincerely,



Troy E. Eckhardt