

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 22 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000112133

1. Corporation Name

Reed & Company Development Services, Inc. (P05000112133)

2. Principal Office Address - No P.O. Box #

89240 Overseas Highway

3. Mailing Office Address

89240 Overseas Highway

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

Tavernier, FL

City & State

Tavernier, FL

Zip

33070

Country

USA

Zip

33070

Country

USA

REINSTATEMENT 06-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2005

5. FEI Number

20-3307779

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
Joel Reed

Street Address (P.O. Box Number is Not Acceptable)
89240 Overseas Highway

Suite, Apt. #, Etc.

3

City
Tavernier

State
FL

Zip Code
33070

☒ 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

Joel C. Reed

REGISTERED AGENT MUST SIGN

Date October 1, 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
P	Joel C. Reed	89240 Overseas Highway	Tavernier/FL/33070

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

Joel C. Reed

Date

10/1/07

Daytime Phone #

305-852-4852