

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-06000103197*

1. Corporation Name

Reed-Riley Enterprises, Inc.

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

1511 NW 6th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

Alachua

3. Mailing Office Address

1511 NW 6th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

Alachua

CR2E081 (12/07)

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

August 7, 2006

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

C. Valentine Bates, Esquire

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

1511 NW 6th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32601

☒ 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**

C. Valentine Bates

REGISTERED AGENT MUST SIGN

Date

Sept 18 '08

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.	Allison Riley	1511 NW 6th Street	Gainesville, FL 32601
VP	C. Valentine Bates	1511 NW 6th Street	Gainesville, FL 32601
Tre.	Allison Riley	1511 NW 6th Street	Gainesville, FL 32601
Sec.	C. Valentine Bates	1511 NW 6th Street	Gainesville, FL 32601
REINSTATEMENT <i>07-08</i>			
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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:

C. Valentine Bates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 18 '08 352.376.4494

Daytime Phone #