


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PO9000066720</u>			
1. Corporation Name <u>Reiland Management Corp</u>			
2. Principal Office Address - No P.O. Box # <u>1405 W. 15th St # E</u> Suite, Apt. #, etc. <u>E</u>		3. Mailing Office Address <u>1405 W. 15th St.</u> Suite, Apt. #, etc. <u>E</u>	
City & State <u>Panama City Beach, FL</u>		City & State <u>Panama City, FL</u>	
Zip <u>32401</u>	Country <u>USA</u>	Zip <u>32401</u>	Country <u>USA</u>
4. Date Incorporated or Qualified To Do Business in Florida <u>8/6/2009</u>			
5. FEI Number <u>27 0709764</u>			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name <u>Frank Reiland</u> Street Address (P.O. Box Number is Not Acceptable) <u>1405 W. 15th Street</u> Suite, Apt. #, Etc. <u>E</u> City <u>Panama City</u> State <u>FL</u> Zip Code <u>32401</u>			
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 <u>[Signature]</u> Date <u>12/29/11</u> 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
<u>P, S, D</u>	<u>Frank Reiland</u>	<u>1405 W. 15th Street # E</u>	<u>Panama City, FL 32401</u>
10. E-mail Address: <u>frank-reiland@yahoo.com</u> (To be used for future annual report notification)			
11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: <u>[Signature]</u> <u>12-29-11</u> <u>850-236-7394</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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REINSTATEMENT 2011

CR2E081 (11/10)

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01/03/12--01042--005 **750.00

Applied For
Not Applicable