

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT / STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03



200025968532
01/05/04-01017--005 **750.00

DOCUMENT # P10594

1. Corporation Name

REECO INC.

Principal Place of Business Mailing Address

37 MIJORCA
#202
CORAL GABLES FL 33134

714 GRAND MARAIS
GROSSE POINTE MI 48230

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1986

5. FEI Number

38-2186919

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PST		CARTMELL, THOMAS N.	3	37 MIJORICA #202	4	CORAL GABLES FL
D		CARTMELL, THOMAS N.	3	37 MIJORICA #202	4	CORAL GABLES, FL3

8. Name and Address of Current Registered Agent

CARTMELL, THOMAS N
37 MIJORICA #202
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Monica Cartmell

REGISTERED AGENT MUST SIGN

Date

11/08/03

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., 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 19.07(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

11/08/03 313-823-6310
Date Daytime Phone #