

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10594

1. Corporation Name

REECO INC.

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

3435 N MOORING WAY

3. Mailing Office Address

3435 N MOORING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip
33133

Country
USA

Zip
33133

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1986

5. FEI Number

382186919

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 **THOMAS N. CARTMELL**

Street Address (P.O. Box Number is Not Acceptable)
3435 N MOORING WAY

Suite, Apt. #, Etc.

City
COCONUT GROVE, FL

State
FL

Zip Code
33133

☒ 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

Thomas N. Cartmell
REGISTERED AGENT MUST SIGN

Date **08/14/2007**

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
PST	THOMAS N. CARTMELL	3435 N MOORING WAY	COCONUT GROVE, FL 33133

000108660770
08/27/07--01049--021 **609.75

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:

Thomas N. Cartmell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS N. CARTMELL 08/14/2007

Date

305-460-0030

Daytime Phone #