

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 FEB -8 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P21211

**1. Corporation Name**

D.M. Reid Associates, Ltd. / South Corporation

**2. Principal Office Address**

50 Grove St.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

suite 227

City & State

Salem, MA 01970

City & State

Zip

01970

Country

USA

**REINSTATEMENT**

89-01

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

incorp. 3/26/86

**5. FEI Number**

04-2913028

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

Corporation Service Co.

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee, FL

DL

State

FL

Zip Code

32301008

200003746812-9  
-02/22/01-01012-004  
\*\*\*2285.75 \*\*\*2285.00

**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

*Debra M. McGee*  
REGISTERED AGENT MUST SIGN

Date

2/7/01

**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
CEO	David M. Reid	50 Grove St., Suite 227	Salem, MA 01970
Pres.	Joseph O'Rourke	34 Ribaut Drive	Hilton Head, SC 29926
sec.	Debra McGee	50 Grove St., Suite 227	Salem, MA 01970

**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 under section 119.07(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:**

Debra L. McGee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-5-01 (978) 744-3818

Daytime Phone #

CR2E081 (9/00)