

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P93000018944

1. Corporation Name

REYNOLDS & REYNOLDS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

300 CROWN OAK CENTRE DRIVE
#110
LONGWOOD FL 32750
US

SWANN, MADLEY & ALVAREZ P.A.
P.O. BOX 1061
WINTER PARK FL 32789

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

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1993

5. FEI Number

58-2036963

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REYNOLDS, STANLEY J	5907 WINDSOR DR	DES MOINES IA 50312
D	FRY, RONNIE J	518 ONE CENTER BLVD., K-306	ALTAMONTE SPRINGS FL 32701
D	JOHNSTON, JEAN E	117 S 33RD	WEST DES MOINES IA 50265
D	FAZEKAS, PAUL JR	122 HEATHER HILL	LONGWOOD FL 32750
D	WILLIAMSON, J. EDGAR	7201 N.W. 54TH COURT	JOHNSTON IA 50131
100003493071-8 -12/11/00--01026--018 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WINTHROP
WINTHROP, GRIFFITH J III
1031 W. MORSE BLVD., SUITE 270
WINTER PARK FL 32789

Name
WINTHROP, GRIFFITH J., III
Street Address (P.O. Box Number is Not Acceptable)
1031 W. MORSE BLVD., SUITE 270
Suite, Apt. # Etc.
Suite 270
City
Winter Park
State
FL
Zip Code
32789

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/26/00

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 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.

AD

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/00
Date

565-557-1310
Daytime Phone #