

APPLICATION
FOR
REINSTATEMENT



TE FILED
97 FEB -3 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
REYNOLDS & ASSOCIATES LAND SURVEYORS, INC.

Principal Place of Business
2438 FILLMORE STREET
HOLLYWOOD FL 33020

Mailing Address
2438 FILLMORE STREET
HOLLYWOOD FL 33020



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

REINSTATEMENT 90-07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/14/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0428160

Applied For

City & State

City & State

Not Applicable

Zip	Country	Zip	Country
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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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	REYNOLDS, WADE JR	2438 FILLMORE STREET	HOLLYWOOD FL 33020
			000002078690--1
			-02/05/97--01069--010
			****915.00 ****915.00
			JB2-4-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNOLDS, WADE JR
2438 FILLMORE STREET
HOLLYWOOD FL 33020

Name _____

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

Sulte, 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.

Signature of
Registered Agent _____

registered agent of the above named corporation
Wade Reynolds, Jr.
 REGISTERED AGENT

REGISTERED AGENT MUST SIGN

Date 11/29/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WADE REYNOLDS JR.

1/29/97
Date

Date _____

Daytime Phone #

0021697 AF