

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000024558

1. Corporation Name

REEF ENTERPRISES, INC.

Principal Place of Business

Mailing Address

8155 NW 53 CT
CORAL SPRINGS FL 33067
US

8155 NW 53 CT
CORAL SPRINGS FL 33067
US

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

FILED
00 DEC 18 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1994

5. FEI Number

65-0495743

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
DPS	PATNIK, ANDREA	75 N.E. 156TH STREET	N. MIAMI BEACH FL
DVT	PATNIK, JEFFREY A	75 N.E. 156TH STREET	N. MIAMI BEACH FL

100003515171--0

-12/28/00--01013--014

****750.00 ****750.00

8. Name and Address of Current Registered Agent

PATNIK, ANDREA
75 N.E. 156TH STREET
N. MIAMI BEACH FL 33162

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-14-00

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00

Date

954-345-0429

Daytime Phone #

KE