

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 NOV 22 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000048481

**1. Corporation Name**

Ream Properties, Inc.

**2. Principal Office Address**

2898 North Horizon Pl.

Suite, Apt. #, etc.

City & State

Oviedo Florida

Zip  
32765

Country

USA

**3. Mailing Office Address**

2898 North Horizon Pl.

Suite, Apt. #, etc.

City & State

Oviedo Florida

Zip

32765

Country

USA

CR2E081 (8/05)

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

6-21-95

**5. FEI Number**

593325312

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

Lisa Hunnewell

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

9718 Sylva Crt.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11-21-05

**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
D	Charles Ream	2898 North Horizon Pl.	Oviedo FL 32765
D	Beverly Ream	2898 North Horizon Pl.	Oviedo FL 32765

**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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-21-05 407-625-1163

Daytime Phone #

00. Williams NOV 22 2005