## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS	SECRETARY OF STATES ENTITION OF CORPEA ATIONS  OI MAY 25 PM 12: 46
DOCUMENT # P96000 84989  1. Corporation Name		
M.G. REED INC.		
2. Principal Office Address 105 SEAGRAPE OK.	3. Mailing Office Address	00-01
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida To Do Husiness in Florida
City & State  JACKSONVILLE BCH., FL.  Zip Country	City & State  Zip Country	5. FEI Number 593406961 Applied For Not Applicable
32150 U.S.A.	Διρ	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name MATHEW	G. REED	7000044475575 -06/27/01-01046-008
Street Address (P.O. Box Number is Not Acceptable)  105 5ZAGRAPZ OR *****900.00 *****900.00		
Suite, Apt. #, Etc.		
City	JACKSONVILLE BCH.	FL State Zip Code
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 Pate Pate Pate Pate Pate Pate Pate Pat		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
PRES. MATTHEW G. REE	ED 105 SEAGRAPE DR.	JACKSONVILLE BOH., FL. 33350
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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:		