	PLEAS	SE READ	ALL INSTRUC	TIONS BEFORE	COMPLETI	NG THIS FORM.			
CURPORAT REINSTATEM				RTMENT OF STATE rine Harris ary of State CORPORATIONS	(FILED JAN -9 PM 4:	6 .		
DOCUMENT # P9000004965					S Ti/	SEGRETARY OF STATE TABLAHASSEE, FEORIDA			
R.E.E.S.A., Inc.									
			11	J-30145					
2. Principal Office Add		LAve	3. Mailing Office Add	tress	REINSTATEMENT 99-00				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. Date Incorporated or Qualified				
City & State Keystone Hgts., FL Zin Country			City & State Key stone W	Lats. Fl	5. FEI Numbe	5. FEI Number Applied For 59 - 352 9 9 9 8 Not Applicable			
32656	Country		3265Ce	and the second s	6. CERTIFICATE	OF STATUS DESIRED (S875)	Additional Fe aCértificate o	ee required of Status	
			7. Name and	d Address of Current Registr					
Name PA L Street Ad Suite, Ap	- 13 c	Dox Number is N	ot Acceptable)	1 Lawrence		Il Buildings, Keyalone Halo	, Fl	32656	
cinkeystone Hats, FI						State Zip Code FL 3ZL 5L			
8. I, being appointed the	he registe e	d agent of the abo	ove named corporation, ar	m familiar with and accept the	obligations of section	on 607.0505 or 617.0503, F.S.	,	ZE081 (9/99	
Signature of Registered Agent Date 12-21							00	CR2EC	
9. Names and Street	Addresses	of Each Officer an	d/or Director (Florida non	profit corporations must list at	least 3 directors)				
Titles Officers and/or Directors				Street Address of Ea Officer and/or Direc	City / State	/ Zip 			
Pres, Char	is R.	Memble	44 6360	8 Bucknell A	\Y &	keystone Hat	5 Fl	32656	
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4					71	700035383	*************************************		
			· -			-01/16/0101 ****150.00			
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this reinstatement	application,	the reason for dis	solution has been elimina names of individuals liste	ated, the comorate name satist	ies the requirement or an exemption und der oath.	apter 607 or 617, F.S. I further ce s of section 607.0401 or 617.040 der section 119.07(3)(i), F.S. The	information i	indicated	
SIGNATURE: C MANUFACTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									