

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000082397

1. Corporation Name

RESERVE OHIO MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

3200 STATE ROAD 546
UNIT 3165
HAINES CITY FL 33844

3200 STATE ROAD 546
UNIT 3165
HAINES CITY FL 33844

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1875370

Applied For

Not Applicable

City & State

City & State

2017 Tiffin Ave, Findlay, OH

Zip

Country

Zip

Country

45840

USA

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
P	ROBINSON, WILLIAM J	3200 STATE ROAD 546	HAINES CITY FL 33844
S	ROBINSON, ANGELA	2319 FOXFIRE LANE	FINDLEY OH 45840
T	TISKO, RHONDA	120 CHALLENGER CIRCLE	PATASKALA OH 43062

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****758.75 ****758.75

4/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]

BRIAN COURTNEY, ASST. V.P.

Date

11/17/00

REGISTERED AGENT MUST SIGN

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:

Angela Robinson, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Angela Robinson

11/14/00

Date

419423-0713

Daytime Phone #