

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000047639

1. Corporation Name

SREYNOLDS, INC.

Principal Place of Business

6120-9 POWERS AVE.
JACKSONVILLE FL 32217

Mailing Address

6120-9 POWERS AVE.
JACKSONVILLE FL 32217



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
6254-1 Powers Ave

City & State
JACKSONVILLE FL

Zip
32217

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1999

5. FEI Number

59-3577445

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
P	REYNOLDS, STEVE E	6120-9 POWERS AVE.	JACKSONVILLE FL 32217
S	FOREMAN, TROY C Remove	6120-9 POWERS AVE.	JACKSONVILLE FL 32217

10/10/24

000023994000

10/21/03--01158--016 **500.00

10/07/03 01038 010 \$150.00

8. Name and Address of Current Registered Agent

REYNOLDS, STEVE E
6120-9 POWERS AVE.
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name

STEVE E. Reynolds

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

6254-1 Powers Ave

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-13-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

9043543700
Daytime Phone #

CR2E040 (7/03)