

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V03010**

1. Corporation Name

RICHARD C. REASIN C.P.A., P.A.

Principal Place of Business

27790 KYLE BLVD
BIG PINE KEY FL 33043

Mailing Address

P.O. BOX 400607
BIG PINE KEY FL 33040-0607

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 <i>27790 KYLE BLVD</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State <i>BIG PINE KEY, FL</i>	
Zip	Zip <i>33043</i>	Country <i>MONROE</i>
4. Date Incorporated or Qualified To Do Business in Florida <i>12/24/1991</i>		
5. FEI Number <i>65-0300969</i>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DP	REASIN, RICHARD C.	27790 KYLE BLVD	BIG PINE KEY FL
DST	REASIN, LESLIE J.	27790 KYLE BLVD	BIG PINE KEY FL

7010024021817
10/22/03-01062--011 **750.00

8. Name and Address of Current Registered Agent

REASIN, RICHARD C.
27790 KYLE BLVD
BIG PINE KEY FL 33043

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <i>FL</i>	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. or 617.0505, F.S.

Signature of
Registered Agent

RICHARD C. REASIN
REGISTERED AGENT MUST SIGN

Date

10/15/03

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: RICHARD C. REASIN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 305-872-4452

Date

Daytime Phone #