

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 105613

1. Corporation Name

RICHARD T. REES & ASSOC.  
INC

2. Principal Office Address

7785 ASHFORD DR

Suite, Apt. #, etc.

LAKELAND

City & State

LAKELAND, FL

Zip

33810

Country

POUK

3. Mailing Office Address

7785 ASHFORD DR

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33810

Country

POUK

800027655378

01/27/04--01019--014 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-3105604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CHARLES L. CARLTON

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

2310 LAKELAND HILLS BLVD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33805

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

Charles L. Carlton

Date

1/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRES.</u>	<u>RICHARD T. REES</u>	<u>7785 ASHFORD DR</u>	<u>LAKELAND, FL 33810</u>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #

859-5265

FILED

04 FEB 19 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 03-09

CR2E081 (10/02)