

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # **V09087**

1. Corporation Name

The Reiber Corporation

2. Principal Office Address

30051 US Hwy 19 N
Suite, Apt. #, etc.

3. Mailing Office Address

30051 US Hwy 19 N
Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

Pinellas

Zip

33761

Country

Pinellas

REINSTATEMENT

02-04
NRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-23-92

5. FEI Number

593104294

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

Diane Reiber-Chisholm

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

30051 US Highway 19 North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

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**

Diane Reiber-Chisholm
REGISTERED AGENT MUST SIGN

Date 9-14-04

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
P, S, D	Diane Reiber-Chisholm	204 Lagoon Drive	Palm Harbor, FL 34683

100041131391
09/17/04--01081--013 **1058.75

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:

Diane Reiber-Chisholm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-14-04

Daytime Phone #

727-787-0808

CFR2081 (01/04)