

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997 MAY 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 35 090**

1. Corporation Name

REYNOLDS CONTRACTORS, INC

Principal Place of Business

Mailing Address

**718 EAST VENICE AVE
VENICE, FL 34292**

- SAME

100002196121--3
-05/30/97--01058--022
****915.00 ****915.00

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

5/11/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0330428

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PRES	JAMES B. WEEKS, JR.	3067 WILLOW GREEN	SARASOTA, FL 34235
VP	JAMES T. BROCKMAN	4505 PERRY RIDGE	SARASOTA, FL 34233
TR.	JAMES B. WEEKS, JR.	SAME AS ABOVE	
SEC	JAMES T. BROCKMAN	SAME AS ABOVE	

REINSTATEMENT

8. Name and Address of Current Registered Agent

**JAMES B. WEEKS, JR
3067 WILLOW GREEN
SARASOTA, FL 34235**

9. Name and Address of New Registered Agent

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

JAMES B. WEEKS, JR

REGISTERED AGENT MUST SIGN

Date

5/28/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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.

JAMES B. WEEKS, JR., PRESIDENT

SIGNATURE:

JAMES B. WEEKS, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97

Date

(941) 485-7751

Daytime Phone #

CR2E040 (12/96)