

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # VU3620
Corporation Name
Reed Building Contractors, Inc.

Principal Place of Business **Mailing Address**
258 West State Road 434, Suite A
Longwood, Florida 32750

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

1. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
97 AUG 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida 6-12-91	
5. FEI Number 59-3069963	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Reed, David A.	258 W. State Road 434, Ste A	Longwood, FL 32750

600002277316-16
-08/26/97-01036-024
***\$23.75 ***\$23.75

8-22-97

8. Name and Address of Current Registered Agent Sobering & Gray, P.A. 201 S. Orange Avenue Suite 760 Orlando, Florida 32801		9. Name and Address of New Registered Agent Name Greenspoon, Marder, Hirschfeld, Rafkin, Ross & Berger, P.A. Street Address (P.O. Box Number is Not Acceptable) 135 West Central Boulevard Suite, Apt. #, Etc. Suite 1100 City Orlando State FL Zip Code 32801	
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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 D. Wayne Gray, Jr. Esq. Date 7-14-97
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

CR-200-0 (12/95)