

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065531**

1. Corporation Name

**RIBHOUSE, INC.**

Principal Place of Business

Mailing Address

2810 WALLACE AVENUE  
TAMPA FL 33611

2810 WALLACE AVENUE  
TAMPA FL 33611



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

~~1631 8th AV. WEST~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~SAME~~  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2002

City & State

~~PALMETTO, FLORIDA~~

City & State

~~SAME~~

5. FEI Number

01-0711427

Applied For

Not Applicable

Zip

34221

Country

U.S.A.

Zip

Country

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	FORNEY, JOSEPH W	<del>2810 WALLACE AVENUE</del> 1631 8th AV WEST	<del>TAMPA FL 33611</del> PALMETTO FL

500024616505  
11/12/03-01075-007 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*(Signature)*

Date

REGISTERED AGENT MUST SIGN

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.

**JOSEPH W. FORNEY**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 41-729 8986

CR2E040 (7/03)

11, 7, 03

TO WHOM IT MAY CONCERN,

UPON CALLING THE 850 #  
W/THE DISSOLUTION NOTICE I FOUND  
THE REPORTS HAD BEEN RETURNED  
TO THE ORIGINAL MAILING ADDRESS  
ENCLOSED IS THE APPLICATION FOR  
REINSTATEMENT W/CK FOR 150<sup>00</sup>  
AS ADVISED BY A (TINA) AT THE  
850 245 6059 #

Thank you

JOE FOREMAN



RIBHOUSE INC # 01-0711427

KOSAKS PALMETTO RIBHOUSE

1631 8th AV WEST

PALMETTO FL

34221