


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT -4 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700041813467
10/12/04--01028--003 **150.00

DOCUMENT # P03000009471

1. Corporation Name
RICO TAX INC CARE SERVICES INC.
236 LANIER DR
GRETNA FL 32332

2. Principal Office Address 236 LANIER DR		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GRETNA FL		City & State	
Zip 32332	Country	Zip 32332	Country GADSDEN

4. Date Incorporated or Qualified To Do Business in Florida 1/27/03

5. FEI Number 57-1146132

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 ERIC ABOAGYE

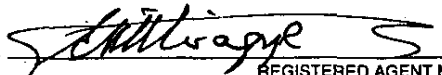
Street Address (P.O. Box Number is Not Acceptable) 236 LANIER DR.

Suite, Apt. #, Etc.

City GRETNA

State FL **Zip Code** 32332

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.

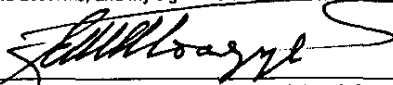
Signature of Registered Agent  **REGISTERED AGENT MUST SIGN**

Date 10/3/04

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
D	ERIC ABOAGYE	236 Lanier Dr	Gretna FL 32332

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)(l), 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:  **10/3/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

10/3/04

RICOTAX & CARE SVCS.

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TALLAHASSEE, FLORIDA

The first letter was not received by me
and could not act on it.

Thanks

Millwright