PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

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

97-98 A/L

FILED
98 APR 29 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016520

1. Corporation Name

RHINO PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address

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
14001 NEPHI PLACE	13312 MORAN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL.	City & State: TAMPA, FL
Zip: 33613 Country: USA.	Zip: 33618 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-19-96

5. FEI Number: 59-3380946 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S	HENRY A. GOEBEL	13312 MORAN DR.	TAMPA, FL. 33618

100002513611--9
-05/06/98--01090--001
****323.75 ****323.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: THOMAS GOEBEL
Street Address (P.O. Box Number is Not Acceptable): 13312 MORAN DR
Suite, Apt. #, Etc.:
City: TAMPA State: FL Zip Code: 33618

CR2E040 (1/96)

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: [signature] Date: 4-28-98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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.

SIGNATURE: HENRY A. GOEBEL President [signature] President 4/28/98 813-961-2632

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

(2)

4/28/98

To Whom It May Concern,

We apologize for the delinquent filing of the Rhino Property Mgnt. Inc. , but we never recieved our corporate filing forms. Possible reasoning would be the changing in addresses. Please accepts this with our reinstatement application. Thank you for your cooperation.

Thomas Goebel, Reg. Agent