

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 02000008662

**1. Corporation Name**

Rimes Property Management, Inc.

**2. Principal Office Address**

42 College Street

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33935

Country

USA

**3. Mailing Office Address**

PO Box 252

Suite, Apt. #, etc.

City & State

LaBelle, FL

Zip

33975

Country

USA

**FILED**

04 JAN -9 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03

**4. Date Incorporated or Qualified  
To Do Business in Florida**

January 18, 2002

**5. FEI Number**

40-0002979

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

Ronald Bruce Rimes

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

42 College Street

000026607690

01/09/04--01048--012 \*\*258.75

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33935

**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

*Ronald Bruce Rimes*

Date January 6, 2004

REGISTERED AGENT MUST SIGN

**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
P/D	Ronald Bruce Rimes	42 College Street	LaBelle, FL 33935
S/T/D	Patricia Louise Rimes	42 College Street	LaBelle, FL 33935

**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)(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:

*Ronald Bruce Rimes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

Date

863-674-1625

Daytime Phone #

CR2E081 (10/02)