

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 179172

1. Corporation Name

COLE OFFICE EQUIPMENT

Principal Place of Business

Mailing Address

1749 E SILVER SPRINGS BLVD
OCALA FL 34470
US

P.O. BOX 596
OCALA FL 34478
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1954

5. FEI Number

59-0715194

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 3	City / State / Zip 4
PD	RICKENBACH, R.V.	1016 SE 6TH PL.	OCALA FL 34471
VD	RICKENBACH, BETTIE L.	1016 SE 6TH PL.	OCALA FL 34471

300023713643
10/10/03--01078--017 **150.00

8. Name and Address of Current Registered Agent

RICKENBACH, R.V.
1749 E SILVER SPRINGS BOULEVARD
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

R.V. Rickenbach

REGISTERED AGENT MUST SIGN

Date

10-8-'03

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.

SIGNATURE:

R.V. Rickenbach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. V. RICKENBACH

Date

10-8-'03 (352) 629,9001

Daytime Phone #

CR2E040 (7/03)

COLE OFFICE EQUIPMENT CORP.
DBA RHEINAUERS GIFT SHOP
1749 E. SILVER SPRINGS BOULEVARD
OCALA, FLORIDA 34470

P.O. Box 596
OCALA, FLORIDA 34478

October 8, 2003

TELEPHONE
(352) 629-8001

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Today we received the notice that our annual corporate report has not been received by you and that our corporation has been dissolved.

The accountant who has taken care of us with this regard died this year and we relied on him. I am not aware that we received this notice and ask you to accept our reinstatement to active status.

I am enclosing our check for \$150. hoping that you will accept this explanation.

Sincerely yours,



R. V. Rickenbach
President