

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 -6 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 514687

Corporation Name

RI-COUNTY WOODWORKING, INC.

Principal Place of Business

Mailing Address

371 NW 62 AVE  
CHIEFLND FL 32626

PO BOX 1396  
CHIEFLND FL 32644

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

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

11/10/1976

5. FEI Number

59-1704453

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PS	ICE, KEITH J.	U.S. HIGHWAY 19 NORTH	CHIEFLND FL
TD	ICE, KEITH J.	U.S. HIGHWAY 19 NORTH	CHIEFLND FL
VP	ICE, KELEENA	US HIGHWAY 19 NORTH	CHIEFLND FL 32626

100024022371  
10/22/03--01062--020 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ICE, KEITH J.  
618 NE 2ND STREET  
CHIEFLND FL 32626

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

of  
d Agent

REGISTERED AGENT MUST SIGN

Date 10-15-03

I, 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 statement 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 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 324931238

CR2E040 (7/03)