PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -1 AM 11:39

DOCUMENT # F19929

1. Corporation Name

RIC-DEG, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 15400 NW HWY 27<br>OCALA FL 32675-8607 | 15400 NW HWY 27<br>OCALA FL 32675-8607 |

9-17-99 900031036 550

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: 02/17/1981

5. FEI Number: 59-2102555 ☐ 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 | DEGWITZ, LUISA G | 15400 N.W. HIGHWAY 27 | OCALA FL 34482 |
| STD | DEGWITZ DE JIMENEZ , ERIKA | 15400 NW HWY 27 | OCALA FL 34482 |
| VPD | DEGWITZ, LUISELENA | 15400 NW HWY 27 | OCALA FL |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

EHNTHOLT, MERCEDES
15400 NORTHWEST HIGHWAY 27
OCALA FL 32675

9. Name and Address of New Registered Agent

Name: JUAN A. ESCOBAR
Street Address (P.O. Box Number is Not Acceptable): 15388 N.W. 112 PL. Rd.
Suite, Apt. #, Etc.:
City: MORRISTON State: FL Zip Code: 32668

CR2E040 (8/99)

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: Juan A. Escobar
REGISTERED AGENT MUST SIGN
Date: Oct. 14 - 1999

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: Luisa Gde Degwitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 14 - 1999
Date

Daytime Phone #

0100360 IN