PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 MAY 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G70223

1. Corporation Name
RICHYLOU INTERNATIONAL, INC.

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
31 Monarch Gardens	3495 5th Ave., N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eastbourne, Sussex	City & State: St. Petersburg, FL
Zip: BN23 6JW Country: UK	Zip: 33713-9010 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/16/1983

5. FEI Number: 59-2361016 ☐ 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: Chester W. Ingalls, CPA

400003283304--4
-06/09/00--01092--011
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 3495 5th Avenue North

Suite, Apt. #, Etc.:

City: St. Petersburg | State: FL | Zip Code: 33713-9010

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: _____ Date: 5/5/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PD	Leonard T. Firmin	31 Monarch Gardens	Eastbourne, Sussex UK BN23 6JW
VD	Madleine D. Firmin	31 Monarch Gardens	Eastbourne, Sussex UK BN23 6JW

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: _____ L.T. FIRMIN 11th May 00 01323 765586 U/K
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #