JUN-26-19[illegible] [illegible]:09 H22607 96-97 AR P.02 (1)

APPLICATION FOR REINSTATEMENT

FL[illegible] DEPA[illegible] [illegible] Mo[illegible]am Se[illegible] of State DIVISION OF CORPORATIONS

FILED
97 JUL -8 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Corporation Name

R.H. SALES, INC.

Principal Place of Business | Mailing Address

404 S.W. 27 AVENUE
FORT LAUDERDALE, FL 33312

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 9/25/84

5. FEI Number 59-2465935 | 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	RUTH HOLLINGSWORTH	4621 S.W. 42 TERRACE	FORT LAUDERDALE, FL 33314-4715
			300002236463--9 -07/11/97--01113--012 ****365.00 ****365.00

8. Name and Address of Current Registered Agent

RUTH HOLLINGSWORTH
4621 S.W. 42 TERRACE
FORT LAUDERDALE, FL 33314-4715

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

CR2E040 (11/23/96)

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 X Ruth Hollingsworth Date X 7-1-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 X Ruth Hollingsworth X 7-1-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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Charles Chips

RH Sales Inc.
404 S.W. 27th Ave., Fort Lauderdale, FL 33312
(305) 581-1141 Fax: (305) 581-1187

②

7-1-1997

To: Dept of state
Div of Corporations
attn: trevor Brembley

I am sending herewith application for reinstatement of my corporation. also $365.00 App Fees.

I never received the annual report forms for the last two years and it was an over sight on my part not to request them.

I think the reason I did not receive them I had moved my operation from Miami to FT Lauderdale and the forms were not forwarded. I respectfully request that the penalty be waived -

Sincerely

Rick Hollingsworth