

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 15 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J20165

1. Corporation Name

RYCO REALTY, INC

2. Principal Office Address

1001 N US 1

Suite, Apt. #, etc.

Suite 510

City & State

Jupiter FL

Zip

33477

Country

USA

3. Mailing Office Address

1001 N US 1

Suite, Apt. #, etc.

Suite 510

City & State

Jupiter FL

Zip

33477

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-19-1986

5. FEI Number

59-2692040

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

Howard Wade Riley, III

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

1001 N US 1

Suite, Apt. #, Etc.

Suite 510

City

Jupiter FL 33477

State

FL

Zip Code

33477

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

H. Wade Riley, III  
REGISTERED AGENT MUST SIGN

Date 3-14-2001

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
P/S	Riley, Howard Wade, III	1001 N US 1, Suite 510	Jupiter FL 33477
T/V	Riley, Frederick R	1001 N US 1, Suite 510	Jupiter FL 33477

REINSTATEMENT 06-07-78

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: Howard Wade Riley, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/2001 561-747-4477  
Date Daytime Phone #