

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 27 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000014682

1. Corporation Name

Richmond Resources, LLC

400177671674
04/26/10--01005--014 **555.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

2030 S. Ocean Dr.

Suite, Apt. #, etc.

Apt # 720

City & State

Hallandale Beach, FL

Zip

33009

Country

U.S.

3. Mailing Office Address

2030 S. Ocean Dr.

Suite, Apt. #, etc.

Apt # 720

City & State

Hallandale Bch, FL

Zip

33009

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/2000

5. FEI Number

73-1628720

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

Donald C. Pinkus

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

2030 South Ocean Drive

Suite, Apt. #, Etc.

Apt # 720

City

Hallandale Beach

State

FL

Zip Code

33009

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
<u>MGMT</u>	<u>Donald Pinkus</u>	<u>2030 S. Ocean Dr. #720</u>	<u>Hallandale Bch, FL 33009</u>
<u>MGMT</u>	<u>Evelyn Pinkus</u>	<u>2030 S. Ocean Dr. #720</u>	<u>Hallandale Bch, FL 33009</u>

REINSTATEMENT 2008-10

10. E-mail Address: CATARINEAU CPA@Bellsouth.net

(To be used for future annual report notification)

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. I further certify 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/10

Date

305-596-7883

Daytime Phone #