

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -9 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05869**

1. Corporation Name

RI-BLACK ENTERPRISE, INC

2. Principal Office Address

4920 N.W. 181ST TERRACE

3. Mailing Office Address

4920 N.W. 181ST TERRACE

Suite, Apt. #, etc.

NOT APPLICABLE

Suite, Apt. #, etc.

NOT APPLICABLE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33056

Country

USA

Zip

33056

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 28, 1989

5. FEI Number

65-0133434

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100021378411
07/08/03--01021--009 **2522.50

1990 - 2003 *DM*

7. Name and Address of Current Registered Agent

Name

ROOSEVELT IVORY

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

4920 NORTHWEST 181ST TERRACE

Suite, Apt. #, Etc.

NOT APPLICABLE

City

MIAMI

State

FL

Zip Code

33056

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

Roosevelt Ivory
REGISTERED AGENT MUST SIGN

Date

5/8/03

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,VP,T	ROOSEVELT IVORY	4920 NORTHWEST 181ST TERRACE	MIAMI FLORIDA 33056

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

Roosevelt Ivory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/03

Daytime Phone #

CRZE061 (10/02)