

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 JUN -6 AM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~1180~~ N08000007633

1. Corporation Name

Harvey + Agnes Rich Family Reunion  
4898 Persimmon Hollow Rd  
Milton, FL 32583

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

5064 Persimmon Hollow Rd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Zip

32583

Country

U.S.A

Zip

Country

**REINSTATEMENT 10-12**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/08  
April 30, 2008

5. FEI Number

30-0498302

☐ 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

Jeremy G. Rich

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

5064 Persimmon Hollow Rd

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

500235967049

06/06/12--01023--006 \*\*367.50

6/6/12

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

*Jeremy G. Rich*

REGISTERED AGENT MUST SIGN

Date 6/6/2012

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/D	Jeremy G. Rich	4898 Persimmon Hollow Rd	Milton, FL
V/D	Greg Allen	4898 Persimmon Hollow Rd	Milton, FL 32583
S/D	Christal Lewis	4898 Persimmon Hollow	Milton, FL 32583
T/D	Gus E. Rich	4898 Persimmon Hollow	Milton, FL 32583

10. E-mail Address: jeremygrich@gmail.com

(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., and 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. I am aware that false information submitted to a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jeremy G. Rich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/2012 850-284-2008

Daytime Phone #