PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE 1 FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris Secretary of State FILED **DIVISION OF CORPORATIONS** 02 JUN 19 AM 10: 43 DOCUMENT # 1. Corporation Name RINGELBERG AND DOWNS INC. 151800000000151 3. Mailing Office Address 2. Principal Office Address 323 REMINYTON DR. 323 REMINLTON DR. Suite, Apt. #, etc. 1/18/2000 Date incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number FLORIUM OVIEDO, FLOZIOA 59-3667180 Not Applicable \$8,75 Additional Fee required USA CERTIFICATE OF STATUS DESIRED 31765 for a Certificate of Status 7. Name and Address of Current Registered Agent 1000<u>0620582</u> DANIEL RINGELBERG 07703702--01059 Street Address (P.O. Box Number Is Not Acceptable)
323 Reminant ****300.00 ********300.00 DR. Reminaton Suite, Apt. #, Etc. OVIEDO 8. I, being appointed the registered agent of the above named corporation; 3m familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent AGENT MUST S 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each City / State / Zip Titles Officer and/or Director Officers and/or Directors ALBERT DR. WINTER PAICK, FL 32792 5521 0V1800, FL 32765 323 REMINGTON DR 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 cath. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Devime Prone # SIGNATURE

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174 W. Comstock Ave., Suite 218 Winter Park, FL 32789 Tel 407 702 6655 FAX 407 702 6722

> May 30, 2002 Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

Enclosed is the completed form for Corporation Reinstatement and a check for \$300 to cover the annual report filing fees for the years 2001 and 2002.

We did not receive the Uniform Business Report documents for either of these years.

I can be reached at 407 977-9295.

Sincerely,

Daniel Ringelberg