

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000016308

1. Corporation Name

RICCO SYSTEMS, INC.

Principal Place of Business

1812 BARN OWL WAY
PALM HARBOR FL 34683

Mailing Address

1812 BARN OWL WAY
PALM HARBOR FL 34683

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/2000

5. FEI Number

59-3626457

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RICCOBENE, ROBERT A	1812 BARN OWL WAY	PALM HARBOR FL 34683

000008645610
10/29/02--01043--010 **150.00

8. Name and Address of Current Registered Agent

RICCOBENE, ROBERT A
1812 BARN OWL WAY
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-24-02

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-02

CR2E040 (8/02)

20f2

Ricco Systems, Inc.

1812 Barn Owl Way
Palm Harbor, FL 34683

October 23, 2002

Florida Department Of State

Dear Sir or Madam:

The purpose of this correspondence is to reinstate Ricco Systems, Inc. I did not receive the two prior uniform business report notices. The failure to file the 2002 corporation annual report/uniform business report was an oversight.

Please find enclosed the appropriate filing fee to initiate reinstatement.

Sincerely,



Robert A. Riccobene
President