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State

, L T PLEASE READ	ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM.	· (X)
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 APR 27 PH 2: 26	<
DOCUMENT # POX 1. Corporation Name RICK'S ENTER	000018542 eprises, Inc.	CALLAHASSEE, FLORIDA	
2. Principal Office Address	Wao-3161	800074337198 05/10/0601012021 **15	i0.00
12027 GOLDENRUD CIR	3. Mailing Office Address - V. 3617-2 CROWN PCINT RD.	105161 @ 5 1 CR2E081 (12/05)	NIN
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida	
City & State JACKSONVILLE, FE	City & State JACKSUNVILLE, FL	5. FEI Number - 3633 726	Applied For Not Applicable
32246 Country USA	Zip 32257 Country USA		itional Fee require
	7. Name and Address of Current Regist	ered Agent	
Name KEYIN GR	EEN, CPA	-	
Street Address. (P.O. Box Number is 1 3 6 17 - 2	Not Acceptable) (ROWN POINT RD.	100074337241 	0.0 (

8. 1, 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.

Registered	Agent Blue	n Drun REGISTERED A	GENT MUST SIGN	Date/- 3 0 - 06
9. Names	s and Street Addresses	of Each Officer and/or Director (F	lorida nonprofit corporations must list at least 3 directors)	
Titles	Officer	Name of s and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RICHARD	H. MENTZEL	12027 GOLDENROD CIR. N.	JACKSONVILLE, FL 32246
		AR 12		
		10.01		
10. I certif	y that I am an officer or	director or the receiver or trustee	empowered to execute this application as provided for in o	chapter 607 or 617, F.S. I further certify that when filling

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 contained in Chapter 119, 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200

January 10, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Reinstatement of Rick's Enterprises, Inc. corporation

To Whom It May Concern:

I have been informed that my corporation has been administratively dissolved. The corporation has intended to be active from its inception on January 1, 2000 but did not renew its corporate status in the year 2004 and 2005 because I did not receive the renewal form.

There is a provision stating that the penalty for not filing the renewal form timely can be waived if the form was not received by the corporation. Since I did not receive the original notice, I believe this provision applies. Please abate the late filing penalty and accept the enclosed \$300.00 original renewal fee for 2004 and 2005 and reinstate my corporation.

My registered agent has changed. My new registered agent is:

Kevin Green, C.P.A. P.O. Box 24668 Jacksonville, FL 32241

Please make the necessary corrections to you information and forward any future correspondence to him.

Thank you for your understanding in this matter.

Sincerely.

Rick Mentzel President