

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -5 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023524

1. Corporation Name

RICE AND MORE CORP.

2. Principal Office Address

3502 SW 15th CT

3. Mailing Office Address

3502 SW 15th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33185

Country

U.S.A

Zip

33185

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

3/7/2000

5. FEI Number

65-0989195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CRISTINA LOPEZ

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

3502 SW 15th CT

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33185

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

REGISTERED AGENT MUST SIGN

Date

3/01/03

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/D	CRISTINA LOPEZ	3502 SW 15th CT	MIAMI, FL 33185
VP/D	ARNOLDO J. LOPEZ	3502 SW 15th CT	MIAMI, FL 33185

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/03

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : MART'S ACCOUNTING COMPANY
Account Number : I20000000048
Phone : (305) 541-6910
Fax Number : (305) 541-6940

CORPORATION REINSTATEMENT

RICE AND MORE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00