

12/21/2004 TUE 11:42 FAX 239 334 4100 Henderson Franklin et al

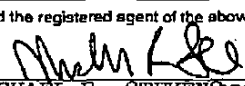
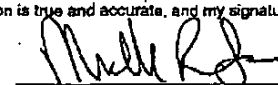
FAX AUDIT NO.: H04000250686 3

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

04 DEC 21 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000053190					
1. Corporation Name RIBCHJAY CORP.					
2. Principal Office Address 1170 Massey Street			3. Mailing Office Address 1170 Massey Street		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Naples, FL			City & State Naples, FL		
Zip 34120	Country USA	Zip 34120	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 06/01/2000	
				5. FEI Number 65-1025702	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 Michael R. Stevens					
Street Address (P.O. Box Number is Not Acceptable) 1170 Massey Street					
Suite, Apt. #, Etc.					
City Naples				State FL	Zip Code 34120
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  Date 12/20/2004					
MICHAEL R. STEVENS REGISTERED AGENT MUST SIGN					
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	
D/P	Steven Marovitz	1170 Massey Street		Naples, FL 34120	
D/V	Michael R. Stevens	1170 Massey Street		Naples, FL 34120	
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: 		Director 12/20/2004		(239) 354-3785	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL R. STEVENS		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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)334-4121
Fax Number : (239)334-4100

CORPORATION REINSTATEMENT

RIECHJAY CORP.

Certificate of Status	0
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