

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 12:57

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000095009

1. Corporation Name

Rick's Place, Inc.

2. Principal Office Address

895 S. First St.

3. Mailing Office Address

P.O. Box 812

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

Live Oak, FL

Zip

32055

Country

Columbia

Zip

32064

Country

Swansee

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3674807

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

Richard C. Moore

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

895 S. First St.

Suite, Apt. #, Etc.

City

Lake City

State
FLZip Code
32055

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 AgentRichard C. Moore
REGISTERED AGENT MUST SIGN

Date 10-19-01

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	Richard C. Moore	613 Pine St.	Live Oak, FL 32064
D	Sherri M. Ragans	P.O. Box 812	Live Oak, FL 32064

SP

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

Date

Daytime Phone #

CR25001 (8/00)

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**DANA EDMISTEN HILL
ATTORNEY AT LAW
230 Court Street SE**

**Post Office Drawer G
Live Oak, Florida 32064**

**Telephone (386) 362-1900
Telecopier (386) 362-1902**

October 19, 2001

Division of Corporations - Reinstatement Section
Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Rick's Place, Inc.

Dear Madam:

Enclosed please find my check no. 4659 in the amount of \$150.00 for the annual dues for the corporation for the year 2001. Please be advised that the corporation did not receive any notices that the annual report was due.

Please reinstate this corporation as soon as possible. If you have any questions, please do not hesitate to contact me. Thank you for your courtesies and consideration.

Sincerely,



Dana Edmisten Hill

DEH:mtf

Enclosure