

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO/000003071

1. Corporation Name

RALPH OSBORN, INC

FILED

04 NOV 23 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1520 ARGYLE DRIVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

Country

33312

3. Mailing Office Address

1520 ARGYLE DRIVE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

Country

33312

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1833391

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

RALPH G. OSBORN

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

1520 ARGYLE DRIVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33312

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

Ralph G. Osborn
REGISTERED AGENT MUST SIGN

Date

11/12/04

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
DIR/ PRES/ SEC	RALPH G. OSBORN	1520 ARGYLE DR FT. LAUDERDALE, FL 33312	FT. LAUDERDALE, FL 33312

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:

Ralph G. Osborn

PRES

11/12/04