

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -4 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000036867

1. Corporation Name
Richell Holdings, Inc

2. Principal Office Address
2107 SE 3rd Ave

Suite, Apt. #, etc.

3. Mailing Office Address
2107 SE 3rd Ave

Suite, Apt. #, etc.

City & State
Ocala, FL

Zip Country
34471 USA

City & State
Ocala, FL

Zip Country
34471 USA

4. Date incorporated or Qualified
To Do Business in Florida 7-1-2001

5. FEI Number 59-3733572

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
Bradley E Richell

Street Address (P.O. Box Number is Not Acceptable)
2107 SE 3rd Ave

Suite, Apt. #, Etc.

City
Ocala

500011787195
02/04/03--01071--016 **382.50

State Zip Code
FL 34471

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 Bradley E Richell Date 1-28-03
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
<u>P,S,T</u>	<u>BRADLEY E Richell</u>	<u>2107 SE 3rd Ave</u>	<u>Ocala, FL 34471</u>

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: Bradley E Richell Inc Date 1-28-03 Daytime Phone # 352-427-8293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

gt 2/16/03

