## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



### FLORIDA DEPARTMENTOF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P01000045427 DOCUMENT #

1. Corporation Name

#### RICHVIEW SOUTHCOAST, INC.

Principal Place of Business

Mailing Address

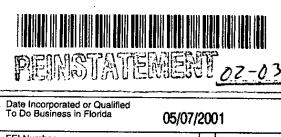
612 NE 14TH AVE #3 FORT LAUDERDALE FL 33301 612 NE 14TH AVE #3

FORT LAUDERDALE FL 33301

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



_lf above addre	sses are incorrect in any way, line thro	uigh incorract info	mation and exten				iviisto <u>07-03</u>
2. New Principa RiChuk Suite, Apt. #, etc	l Office Address, If Applicable  Louis Coast, The	New Mailing Office Address, If Applicable  Suite, Apt. #, etc.  Conference of the correction below.  Suite of the correction below.			4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied Force  Applied Force		
City & State FOH Cavelly Cle FC  Zip 2001 Country		City & State  Zip Country			6.	111662	Applied For Not Applicable  S8.75 Additional Fee required
<sup>Zip</sup> 33316			for a Certificate of Status				
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			4	City / State / Zip
P SW	ARTZBAUGH, THOMAS S JR	6	612 NE 14TH AVE #3			FORT LAUDERDA	NLE FL 33301
			-3				
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						-	
					9. Name and Address of New Registered Agent		
FINANCIAL FOUNDATIONS, ICN.					O. Béx Number is Not Acceptable)		
SISUSANUT RIDGE UNIVE					NE 27 15 prue		
CLEARWATER FL 33761  Suite, Apl. #; FC					1 Could-dole FC 33304 State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.							
Signature of Registered Agekt X SISTEMENT AGENT MUST SIGN  REGISTERED AGENT MUST SIGN							

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: