

BO6000181543 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

192

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JUL 17 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000115674

1. Corporation Name

RICBAR INVESTMENTS, INC.

2. Principal Office Address

9985 SW 72 St.

3. Mailing Office Address

9985 SW 72 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33173

Country

Zip

33173

Country

REINSTATEMENT

03-06 PSC

CR2E081 (12/05)

4. Date incorporated or Qualified
To Do Business in Florida

12/06/2001

5. FEI Number

657157852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Armando Hernandez

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

255 Alhambra Circle

Suite, Apt. #, Etc.

Suite 720

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/2/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	Callado, Ricardo	9985 SW 72 Street	Miami FL 33173
SD	Rodriguez, BARBARA	9985 SW 72 Street	Miami FL 33173

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 contained in Chapter 119, 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

7/2/16

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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

Andrad.

CORPORATION REINSTATEMENT

RICBAR INVESTMENTS, INC.

Certificate of Status	1
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Estimated Charge	\$1,208.75

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