PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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7	PORATI STATEM				DEPART Secretary SION OF CO	of Sta			FILED 2008 OCT -6 AMII: 0)4	
DOCUMENT # P0200000287 1. Corporation Name								SECHLAMASSEE, FLORIDA			
Ricky's Express, Inc.											
				T _				10/0	0013667426 6/0801061019 ***	7 900 00	
2. Principal (3. Mailing Office Address 3105 N. Forbes Road			nd	λ _α .				
Suite, Apt. #,			Suite, Apt. #, etc.			REINSTATIEMENT					
									4. Date Incorporated or Qualified To Do Business in Florida 12/31/2001		
					& State			5. FEI Numbe	·	Applied For	
Zip	Country		y	Plant City, FL		Countr	1342529			Not Applicable	
33566		Hills	borough	33566		Hills	borough			onal Fee required icate of Status	
:		7. Na	me and Address o	f Current Regis	tered Agen	t					
Name Maria D. Ocegueda								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) 3105 N. Forbes Road											
Suite, Apt. #, Etc.											
City State Zip Code											
Plant City FL 33566											
8. I, being a	appointed the	register	ed agent of the abo	ve named corpo	oration, am fa	amiliar w	ith and accept the o	bligations of secti	on 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Marci D Ocean Marci REGISTERED AGENT MUST SIGN								Date 9-29-08			
, a :	100										
J. Names a	and Street Ad	dresses	Name of	d/or Director (Florida nonprofit corporations must list at le Street Address of Each				City / State / 7in			
nues	Officers and/or Directors				Officer and/or Director			. City / State / Zip			
Р	Maria Ocegueda				3105 N. Forbes Road			Plant City, FL 33566			
VP .	Armando Ocegueda				3612 Stanley Road			Plant City, FL 33566			
S/Ti	Maria Ocegueda				3105 N. Forbes Road				Plant City, FL 33566		
this rein	statement ap y the corpora	plication tion have	, the reason for dis: e been paid and the	solution has been names of individ	n eliminated luals listed d	, the corp on this fo	oorate name satisfie	s the requirements an exemption cor	apter 607 or 617, F.S. I further certify that s of section 607.0401 or 617.0401, F.S., stained in Chapter 119, F.S. The informa	that all fees	
and the second									9-00		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								7-,	Date Daytime Phone	3#	