CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -5 AM 9: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *02 0060 3716*

1. Corporation Name
Ricos Const Inc

000029955120
03/05/04--01030--010 **300.00

2. Principal Office Address
1241 w/ Tharpost

Suite, Apt. #, etc.

City & State
Talla. Fla

Zip *32304* Country *Leon*

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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
Dimas Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
1241 w Tharpost.

Suite, Apt. #, Etc.

City
Talla. Fla

State **FL**   Zip Code *32304*

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 *Dimas Rodriguez*
REGISTERED AGENT MUST SIGN

Date *2-5-04*

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
P	Dimas Rodriguez	1241 w Tharpost	Talla. Fla.

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: *Dimas Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04
Date   Daytime Phone #

CR2E081 (9/01)