

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT

DOCUMENT # **P02000029408**

1. Corporation Name

**RICCIO CONSULTING, INC.**

Principal Place of Business

Mailing Address

13756 NW 22 PL  
SUNRISE FL 33323

13756 NW 22 PL  
SUNRISE FL 33323

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

03-0400421

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RICCIO, FRANK	13756 NW 22 PL	SUNRISE FL 33323
<del>V</del>	<del>CARRILLO, VANEESA</del>	<del>7988 NW 50 ST #206</del>	<del>LAUDERHILL FL 33351</del> Delete

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICCIO, FRANK  
13756 NW 22 PL  
SUNRISE FL 33323

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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 Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03  
Date

954-445-8102  
Daytime Phone #

CR20040 (7/03)

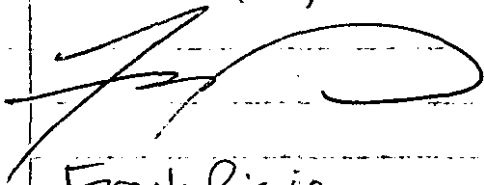
10/9/03

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please waive the reinstatement fee as I did not  
receive the original UBR.

Thank You,

A stylized handwritten signature in black ink, featuring a large, sweeping loop and a sharp, angular start.

Frank Riccio  
Riccio Consulting, Inc.