

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000045916**

1. Corporation Name

W.P.B. RHINO, INC.

Principal Place of Business

Mailing Address

6768 10TH AVENUE NORTH
CONDO #412
LAKE WORTH FL 33467

6768 10TH AVENUE NORTH
CONDO #412
LAKE WORTH FL 33467

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/2002

5. FEI Number

731638805

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Ralph A. Principe	6768 10th avenue #412	Lake Worth FL 33467

8. Name and Address of Current Registered Agent

PRINCIPE, RALPH A
6768 10TH AVENUE NORTH
CONDO #412
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent

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

Ralph A. Principe
REGISTERED AGENT MUST SIGN

Date

10/10/03

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:

Ralph A. Principe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph A. Principe

Date

10/10/03

561-723-3250
Daytime Phone #

10/9/03

To whom it may concern:

On 10/8/03 I received a certificate of administrative dissolution or revocation. This is the first notice I have received regarding this matter and I am immediately sending my application back with the proper fees please reinstate W.P.B. Rhino Inc. I was never notified prior to 10/8/03 and will be sending my application back over night. If you need to contact me for any reason please call 561-723-3250. Thank you for your prompt attention to this matter.

Sincerely

A handwritten signature in black ink, appearing to read "Ralph A. Principe". The signature is fluid and cursive, with a large, stylized "P" at the end.

Ralph A. Principe
President, W.P.B. Rhino Inc.