

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 # **P02000052214**

1. Corporation Name

BIG RICK INC

Principal Place of Business

**4606 LOMBARDY LANE
NAPLES FL 34112**

Mailing Address

**4606 LOMBARDY LANE
NAPLES FL 34112**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2600 Bay View DR

City & State

Naples FL

Zip

34112

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/07/2002

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	VUKSANOVIC, RICHARD T	4606 LOMBARDY LANE	NAPLES FL 34112
	Vuksanovic Richard T	2600 Bay View DR.	Naples Fla 34112

**400024260434
10/29/03--01071--022 **150.00**

8. Name and Address of Current Registered Agent

**WROBLE, ROBERT F
SUBURBAN ACCOUNTING TAX SERVICE INC
7340 PROVINCE WAY #3307
NAPLES FL 34104**

9. Name and Address of New Registered Agent

Name

same

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 **10-20-03**

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

10-20-03

Date

239-370-6457

Daytime Phone #

CR20040 (7/03)

October 20, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern;

I Richard Vuksanovic Chief Executive Officer and President of Big Rick Inc. have changed the Corporation address, due to this some of my mail has not been forwarded to my new location. Due to this I did not receive the 2 UBR notices.

I have just received the administration dissolution of corporation, but do not wish to do so, but rather would request the fee of \$750.00 be waived due to the non receiving of these documents.

I have enclosed a check for \$150.00, please feel free to contact me at the new address which is as follows; 2600 Bay View Drive, Naples, Florida 34112 or by phone at 239-370-6457.

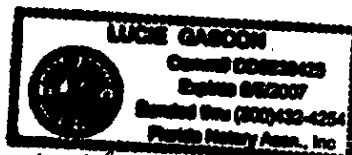
Thanking you in advance for your cooperation.

Yours truly,



Big Rick Inc.
Richard Vuksanovic, President

Cc: Robert Wroble, Accountant



*State of Florida
County of Collier
Sworn to and subscribed before
me this 20th day of October, 2003
by Richard Vuksanovic*

L. Gascon