

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 # P02000053998

1. Corporation Name

RIPPER ENTERPRISES, INC.

Principal Place of Business

823 SW 14TH CT  
FT. LAUDERDALE FL 33315

Mailing Address

823 SW 14TH CT  
FT. LAUDERDALE FL 33315

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
03 OCT 23 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT



100024090591  
10/24/03--01046--031 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/2002

5. FEI Number

01-0722780

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
D	RHEES, RICHARD S	823 SW 14TH CT	FT. LAUDERDALE FL 33315
D	RHEES, JOANNE B	823 SW 14TH CT	FT. LAUDERDALE FL 33315

8. Name and Address of Current Registered Agent

THOMAS MESSER, ENROLLED AGENT, ACCOUNT, PA  
1323 LYONS RD  
COCONUT CREEK FL 33063

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

REGISTERED AGENT MUST SIGN

Date 10/22/03

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:

Richard S. Rhees  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/03 954-6105114

Daytime Phone #

CR2E040 (7/03)