

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 21 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000067027**

1. Corporation Name

RICHMOND ABSTRACT OF FLORIDA, INC

2. Principal Office Address

3020 NE 32 AVE

Suite, Apt. #, etc.

#625

City & State

FT. LAUDERDALE, FL.

Zip

33308

Country

3. Mailing Office Address

401 E. LAS OLAS BLVD

Suite, Apt. #, etc.

#1540

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

600039740566
07/30/04--01071--011 **900.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-02

5. FEI Number

043704156

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

Joseph W. LaForte

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

3020 NE 32 AVE # 625

Suite, Apt. #, Etc.

625

City

Ft. Lauderdale

State

FL

Zip Code

33308

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

REGISTERED AGENT MUST SIGN

Date

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
D	Joseph W. LaForte	3020 NE 32 AVE # 625	FT. Lauderdale, FL 33308

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #