

2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED

04 DEC 16 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11302004 REIN-P CR2E098 (6/04)

| | | | | | |
|---|---|---------------------------------|---|--|--|
| DOCUMENT # P02000071385 | | | |  | |
| 1. Entity Name RICKORA, INC. | | | | | |
| Principal Place of Business 21080 NW MIAMI COURT MIAMI, FL 33169-7943 | | | Mailing Address 21080 NW MIAMI COURT MIAMI, FL 33169-7943 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 01-0735610 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| NUBIAN TAX CONSULTANTS 16300 NE 19 AVENUE SUITE 215 NORTH MIAMI BEACH, FL 33162 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | |
| | | | City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| <div> <div>FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00</div> <div>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, RICHARD H. 21080 NW MIAMI COURT MIAMI, FL 331697943 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIN-SMITH, DORALEE P 21080 NW MIAMI COURT MIAMI, FL 331697943 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Doralee P. Bain-Smith</u> | | | 12-13-2004 305-968-7813 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |
| Doralee P. Bain-Smith | | | | | |