

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 SEP 12 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT.# **D02000122162**

1. Corporation Name

Ricky SERVICES

2. Principal Office Address

161 SW PALM DR

Suite, Apt. #, etc.

304

City & State

PORT ST. LUCIE / FL

Zip

34986

Country

UNITED STATES

3. Mailing Office Address

161 SW PALM DR.

Suite, Apt. #, etc.

304

City & State

PORT ST. LUCIE / FL

Zip

34986

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 15 2002

5. FEI Number

D02000122162

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

ANTONIETA BASABE FIGUEIRA

700059500207

09/12/05--01003--002 **1050.00

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

161 SW PALM DR Apt 304 Port St. Lucie FL 34986

Suite, Apt. #, Etc.

#304

City

PORT ST LUCIE

State

FL

Zip Code

34986

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

Antonieta Basabe

REGISTERED AGENT MUST SIGN

Date **09/06/05**

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
DIRECTOR	ANTONIO FIGUEIRA	161 SW PALM DR #304	PORT ST LUCIE / FL 34986

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/05

Date

7862622016

Daytime Phone #

CR2E081 (07/05)