

9/17/03 90020 037 *150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122615

1. Corporation Name

RICHARDSON ENTERPRISES OF PALM BEACH
INC

800030728268
03/18/04--01055--010 **150.00

REINSTATEMENT 03-04

2. Principal Office Address

18522 ORANGE GROVE BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

18522 ORANGE GROVE BLVD

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/02

5. FEI Number

51-0435994

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

THOMAS RICHARDSON

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

18522 ORANGE GROVE BLVD

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

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

Thomas W. Richards

Date

3-10-04

REGISTERED AGENT MUST SIGN

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
PSTD	RICHARDSON, THOMAS W	18522 ORANGE GROVE BLVD	LOXAHATCHEE, FL 33470

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:

Thomas W. Richards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

Daytime Phone #

561
298-5919

CR2E081 (01/04)

JAMES J. DONOVAN, C.P.A. P.A.
3830 JOG ROAD
LAKE WORTH, FL 33467
PHONE: (561) 641-9550 FAX: (561) 641-4781

MARCH 4, 2004

CERTIFIED RETURN
RECEIPT REQUESTED

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

RE: RICHARDSON ENTERPRISES OF PALM BEACH, INC.
2003 UNIFORM BUSINESS REPORT
DOCUMENT #:P02000122615

DESR SIR/MADAM:

WE HAVE RECEIVED YOUR CORRESPONDENCE CONCERNING TAXPAYER'S UNIFORM BUSINESS REPORT. WE NEVER RECEIVED YOUR PRIOR LETTER WHICH WAS SENT FOR CORRECTIONS ON SEPTEMBER 17, 2003. WE HAVE COMPLETED THE REINSTATEMENT FORM AND ENCLOSED AN ADDITIONAL \$150.00 FOR THE 2004 REPORT PER YOUR INSTRUCTIONS.

WE HAVE ENCLOSED OUR POWER OF ATTORNEY.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL.

SINCERELY,



JAMES DONOVAN, CPA