

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P 184

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TALLAHASSEE, FLORIDA

CR2E081 (8/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD3000134086

1. Corporation Name

Rick's Home Repair

2. Principal Office Address

1751 Fern Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

1751 Fern Ct.
Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

Zip

34746

Country

Osceola

Zip

34746

Country

Osceola

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-16-03

5. FEI Number

200403073

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 Richard Cohn

Street Address (P.O. Box Number is Not Acceptable)
1751 Fern Ct.

Suite, Apt. #, Etc.

City Kissimmee

State
FL

Zip Code

34746

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

Richard Cohn

Date

12-14-05

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
Pres	Richard Cohn	1751 Fern Ct.	Kissimmee FL 34746
Sec	Peter Pecora	1751 Fern Ct.	Kissimmee FL 34746

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12/16/05--01024--005 **150.00

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:

Richard Cohn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-05

Date

Daytime Phone #

PS 2/2

December 13, 2005

To Whom it may concern,

I am writing this in reference to the dissolution of my corporation. I never received any notice of renewal or any other forms. I had absolutely no idea I was due for this. The only way I found out was when I went to update my Workmens Compensation Exempt Forms. I was told I could not do that because of a dissolution. I would appreciate any help I can receive on how to reinstate my corporation.

I have enclosed a check for \$61.25 for the Annual report fee , and \$88.75 for the Corporate Supplemental Fee. I am also enclosing the reinstatement form. I hope this will be sufficient.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard P. Cohn". The signature is fluid and cursive, with the first name "Richard" being more prominent than the last name "Cohn".

Richard P. Cohn/ Pres.