

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000141748

1. Entity Name
RITNOK CONSTRUCTION CLEANUP, INC.



FILED
05 JAN -3 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12162004 REIN-P CR2E098 (6/04)

Principal Place of Business
**693-C TYNER ST
FT WALTON BEACH, FL 32547**

Mailing Address
**693-C TYNER ST
FT WALTON BEACH, FL 32547**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
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4. FEI Number
22-3878023

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name **HARVEY HALL**

Street Address (P.O. Box Number is Not Acceptable)
276 BEACH VIEWS DR

City & State
FT WALTON BEACH FL 32547

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 **HARVEY HALL EA** **Harvey Hall** **12/24/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete

NAME **RITNOK, SOMQUAN**

STREET ADDRESS **693-C TYNER ST**

CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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.

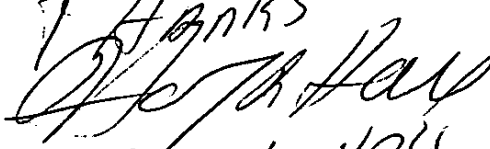
SIGNATURE: **Somquan Ritnok** **12/27/04** **850585-8554**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202
DEAR DIVISION OF CORPORATIONS

WE INCORPORATED THIS BUSINESS
IN DECEMBER 2003. WE HAVE RECEIVED
NO BILL FOR THIS YEAR ACCORDING

TO MY CLIENT. I AM SENDING A
CHECK (#899) FOR \$150 REQUESTING ALL
FEES + LATE CHARGES BE WAIVED. MY NAME
IS HARVEY HALL P.O. BOX 715 SHALIMAR
FLA 32579, PHONE IS 850 862. 8729. MR RITWOK
CAN'T WORK AT PRESENT DO TO HIS WORKER
COMP. EXEMPTION WAS PULLED AND CAN'T
GET IT BACK UNTIL WE ARE AN ACTIVE
CORPORATION. THIS WAS MY MISTAKE

T Hanks

HARVEY HALL

YOU PROMPT ATTENTION TO THIS MATTER IS APPRECIATED