

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000006872

1. Corporation Name

RITCO, INC.

2. Principal Office Address - No P.O. Box #

10006 CROSS CREEK BLVD.

3. Mailing Office Address

10006 CROSS CREEK BLVD.

Suite, Apt. #, etc.

445

Suite, Apt. #, etc.

445

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33647

Country

USA

Zip

33647

Country

USA

7. Name and Address of Current Registered Agent

Name

RICHARD HELM

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

18020 MAUI ISLE DR.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

REGISTERED AGENT MUST SIGN

Date

2/8/07

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 8, 2004

5. FEI Number

20-0577192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 05-07

CR2E081 (1/07)

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
<u>PRESIDENT</u>	<u>RICHARD A. HELM</u>	<u>18020 MAUI ISLE DRIVE TAMPA, FL 33647</u>	<u>TAMPA, FL 33647</u>

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/07

813-982-9583

Daytime Phone #

202/19