

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 18 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000030263

1. Corporation Name

Rich's masonry and concrete inc.

800163787318  
12/18/09--01037--017 \*\*308.75

CR2E081 (11/09)

08-09

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

7159 S.E. 130th St

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

7159 S.E. 130th St

Suite, Apt. #, etc.

N/A

City & State

Belleview FL

City & State

Belleview FL

Zip

34420

Country

US

Zip

34420

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

2-21-05

5. FEI Number

320144158

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

Lewis M Rich III

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

7159 S.E. 130th St

Suite, Apt. #, Etc.

City

Belleview

State

FL

Zip Code

34420

☒ 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.

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

Lewis M Rich III  
REGISTERED AGENT MUST SIGN

Date 12-16-09

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
(15) CEO	Lewis Rich	7159 S.E. 130th St	Belleview FL 34420
	N/A		

10. E-mail Address: Lmr3@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lewis M Rich III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-16-09 352 208-4985

Daytime Phone #