

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p05000030674

1. Corporation Name

Rico & Associates Enterprises, Inc.

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

620 SW Marcis Terrace

Suite, Apt. #, etc.

City & State

Lake City, Florida

Zip
32024

Country

Columbia

3. Mailing Office Address

620 SW Marcis Terrace

Suite, Apt. #, etc.

City & State

Lake City, Florida 32024

Zip

32024

Country

Columbia

7. Name and Address of Current Registered Agent

Name

Rico Carter

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

620 SW Marcis Terrace

Suite, Apt. #, Etc.

City

Lake City, Florida

State

FL

Zip Code

32024

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

4-25-07

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
P	Rico Carter	620 SW Marcis Terrace	Lake City, Florida 32024
S	Angela Carter	620 SW Marcis Terrace	Lake City, Florida 32024

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

Daytime Phone #

(386) 755-9729

(813) 599-6169

4-25-07

FILED

07 APR 30 AM 10:46

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400103284054

05/25/07--01013--015 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)