

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000063767

1. Entity Name
RICIN CONSTRUCTION, INC.



FILED

07 FEB -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~PO BOX 322~~ 206 SW ESSEX DR ~~PO BOX 322~~ SAME
~~STUART, FL 34995~~ US ~~STUART, FL 34995~~ US
P. St. Lucie, FLA. 34984

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
SAME SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
U.S. U.S.

10-05-06 01044 008 815875-07
01582007 REINSTATEMENT 01582008 01/07/07
76-0791150

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOSEPH, JULIUS 206 SW ESSEX DR.
2325 N.W. 207 STREET OPA LOCKA, FL 33056
P. St. Lucie, FL 34984

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 DATE 1-30-07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS
TITLE P
NAME JOSEPH, JULIUS ☐ Delete
STREET ADDRESS 2325 N.W. 207 STREET 206 SW ESSEX DR
CITY-ST-ZIP OPA LOCKA, FL 33056 P. St. Lucie, FL 34984

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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/06/07--01009--023 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JULIUS JOSEPH 1-30-07 777-201-9451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #