

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 23 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000028209

1. Corporation Name

Richwood Contractors Corp.

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

23736 sw 111 ct

Suite, Apt. #, etc.

3. Mailing Office Address

23736 sw 111 ct

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33032

Country

US

Zip

33032

Country

US

400163289044
12/03/09--01036--006 **\$300.00
CR2E081 (11/09)
REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida 03/02/07

5. FEI Number 208574236 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

Boris B Serrano

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

23736 sw 111 ct

Suite, Apt. #, Etc.

City

Homestead, FL

State

FL

Zip Code

33032

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/1/09

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
D	Boris B Serrano	23736 sw 111 ct	Homestead, FL 33032

10. E-mail Address: richwoodcorp@aol.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:

[Signature] Boris B Serrano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/09

Daytime Phone #