

PLEASE READ ALL INSTRUCTIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL -1 AM 10:02

DOCUMENT # **PD7000124066**

1. Corporation Name

RichStepH, Inc.

200181474522
07/01/10--01058--003 **158.75

200181474522
05/28/10--01020--012 **150.00

200181474522
05/28/10--01020--013 **150.00

CR2E081 (4/10)

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

5842 SW 120TH AVE

Suite, Apt #, etc.

3. Mailing Office Address

5842 SW 120TH AVE

Suite, Apt #, etc.

City & State

Cooper City FL

Zip **33330**

Country **USA**

City & State

Cooper City FL

Zip **33330**

Country **USA**

4. Date incorporated or Qualified
To Do Business in Florida

11/15/2007

5. FEI Number

26-1429458

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

RICHARD MURRAY

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

5842 SW 120TH AVE

Suite, Apt #, Etc.

City

Cooper City

State

FL

Zip Code

33330

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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]

Date

5/24/10

REGISTERED AGENT MUST SIGN

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	RICHARD MURRAY	5842 SW 120TH AVE	Cooper City, FL 33330
VP	STEPHANIE MURRAY	5842 SW 120TH AVE	Cooper City, FL 33330

REINSTATEMENT 08-10

10. E-mail Address: **SMURRAY8459@hotmail.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]
RICHARD MURRAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/24/10

Daytime Phone #

(904) 880-7862