

PLEASE READ ALL INSTRUCTIONS

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007338

1. Corporation Name

B.H. RICE, INC.

Principal Place of Business

Mailing Address

17300 NW 87TH AVE
HIALEAH, FL 33015-3416

17300 NW 87TH AVE
HIALEAH, FL 33015-3416

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/1999 SP

5. FEI Number

65-0371595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	DAVE RICE	17300 NW 87th AVE	HIALEAH, FL 33015
D/S/T	PAMELA RICE NAEDELE	17300 NW 87TH AVE	HIALEAH, FL 33015

000003059600--1
-12/03/99--01015--015
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RICE, BUD H
17300 NW 87 AVE
SUITE 3550
HIALEAH, FL 33015

Name
LAMONT & NEIMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Boulevard
Suite, Apt. #, Etc.
Suite 3550
City
Miami
State
FL
Zip Code
33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent *Robert S. Lamont*
Robert S. Lamont, President

Date *11/23/1999*

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Dave Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Rice, President

11/23/99

305-530-9400
Daytime Phone #

CR25001 (12/99)