

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 18 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010369

1 Corporation Name

THE RICKMAN GROUP, INC.

Principal Place of Business

Mailing Address

10176 SW 18TH ST
DAVIE FL 33324
US

10176 SW 18TH ST
DAVIE FL 33324
US

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

2. Now Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0373211

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	RICKMAN, GERALD S RICKMAN	10176 SW 18TH ST.	DAVIE FL 33324
D	RICKMAN, SHERI L RICKMAN	10176 SW 18TH ST	DAVIE FL 33324

308802037099-6
-12/24/96-01103-016
***375.00 ***375.00

JB12-18-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINAN, THOMAS P
330 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

Name

MANNY FIGUEROA, C.P.A.

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

306 ALCAZAR AVE

Suite, Apt. #, Etc.

#220

City

CORAL GABLES

State

FL

Zip Code

33134-4318

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/29/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/96

305-627-0800
Daytime Phone #