

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	--

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. New 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
City & State	City & State	Applied For	
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	RICKMANN, GERALD S RICKMAN	10176 SW 18TH ST.	DAVIE FL 33324
D	RICKMANN, SHERI L RICKMAN	10176 SW 18TH ST	DAVIE FL 33324
			398882837099-6 -12/24/96-01103-016 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

FINAN, THOMAS P
330 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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

CR2040 (7/96)

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

Sherrine P. Rickman
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)(l), 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: *X Sherrine P. Rickman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/96 305-627-0800
Daytime Phone #

0008314 AP