

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **99**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000051042**

1. Corporation Name

RICHCO U.S.A., INC.

Principal Place of Business

**% WILLIAM RAMBAUM P.A.
622 BYPASS DR., SUITE 101
CLEARWATER FL 34624**

Mailing Address

**% WILLIAM RAMBAUM P.A.
622 BYPASS DR., SUITE 101
CLEARWATER FL 34624**

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

2. New Principal Office Address, If Applicable

28960 U.S. HWY 19 N.

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater Florida

Zip

33761 U.S.A.

3. New Mailing Office Address, If Applicable

28960 U.S. HWY 19 N.

Suite, Apt. #, etc.

Suite 100

City & State

Clearwater, Florida

Zip

33761 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1993

5. FEI Number

59-3198954

Applied For

Not Applicable

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	4 City / State / Zip
PST	HOY, RICHARD	19 BRIGANTINE ST.	KIRKLAND, QUEBEC H9H5A7

**600003050026--2
-11/19/93--01082--008
****750.00 ****750.00**

8. Name and Address of Current Registered Agent

**RAMBAUM, WILLIAM P.A.
28960 US HWY 190 N
CLEARWATER FL 33761**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

William Rambaum

REGISTERED AGENT MUST SIGN

Date

11/5/99

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 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Nov 1999

Date

Daytime Phone #

(514)-333-7070