


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000059348			
1. Corporation Name Ron Riess Construction, Inc.			
2. Principal Office Address 1270 SW 4 th Street Suite, Apt. #, etc.		3. Mailing Office Address ← SAME 1270 SW 4 th Street Suite, Apt. #, etc.	
City & State BOCA RATON FL.		City & State BOCA RATON FL	
Zip 33486	Country USA	Zip 33486	Country USA


FILED
02 FEB 18 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida 8/24/1993	
5. FEI Number 65-0432150	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name RONALD EDWARD RIESS	
Street Address (P.O. Box Number is Not Acceptable) 1270 SW 4 th STREET	
Suite, Apt. #, Etc.	
City BOCA RATON	State FL
Zip Code 33486	

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****450.00 ****450.00

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 	Date 2/10/02
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	RONALD E. RIESS	1270 SW 4 th Street	BOCA RATON, FL. 33486
T/S	DANIELLE D. RIESS	1270 SW 4 th Street	BOCA RATON, FL. 33486

10. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RONALD E. RIESS	Date 2/10/02	Daytime Phone # 561-702-4495

CR2E081 (8/01)