

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**97-01 UBE**

CORPORATION  
REINSTATEMENT

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

DOCUMENT # **P93000079156**

1. Corporation Name  
**Law Offices of Donald T. Ryce, P.A.**

2. Principal Office Address  
**5151 Collins Ave.**  
Suite, Apt. #, etc.  
**Suite 1031**  
City & State  
**Miami Beach, FL**  
Zip  
**33140** Country  
**USA**

3. Mailing Office Address  
**5151 Collins Ave, Suite 1031**  
Suite, Apt. #, etc.  
**Suite 1031**  
City & State  
**Miami Beach, FL**  
Zip  
**33140** Country  
**USA**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date incorporated or Qualified To Do Business in Florida **11/16/93 CR**  
**5/11/94**

5. FEI Number **65-0451119** Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**Donald T. Ryce, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**5151 Collins Avenue, Suite 1031**

Suite, Apt. #, Etc.  
**Suite 1031**

City  
**Miami Beach** State  
**FL** Zip Code  
**33140**

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-06/26/01-01002-005  
\*\*\*\*775075\*\*\*\*73.75

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

**Donald T. Ryce, Jr.**  
REGISTERED AGENT MUST SIGN

Date **5/31/01**

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
PTD	Donald T. Ryce, Jr.	5151 Collins Ave, # 1031	Miami Beach, FL 33140
VPSD	Claudine Ryce	5151 Collins Ave, # 1031	Miami Beach, FL 33140

Though address change was made 5/9/96, request for annual report still sent to P.O. Box closed in Princeton, so dissolved 9/26/97. Now filing to reinstate with payment of \$765.

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: **Claudine Ryce**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/31/01 3058641211**  
Date Daytime Phone #

CR2E081 (9/00)