

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 24 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PQ4088004404**

1. Corporation Name

Rick Ott Services INC.

2. Principal Office Address

2892 E. Park Ave.

Suite, Apt. #, etc.

Suite 4

City & State

Tallahassee Fla.

Zip

32301

Country

U.S.

3. Mailing Office Address

2892 E. Park Ave

Suite, Apt. #, etc.

Suite 4

City & State

Tallahassee Fla.

Zip

32301

Country

U.S.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1/19/94

5. FEI Number

59-3220238

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

Richard H. Ott

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

2892 E. Park Ave.

Suite, Apt. #, Etc.

Suite 4

City

Tallahassee

State

FL

Zip Code

32301

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

Richard H. Ott

REGISTERED AGENT MUST SIGN

Date

2/09/00

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
PTS	Richard H. Ott	2892 E. Park Ave #4	Tallahassee Fla. 32301

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:

Richard H. Ott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/09/00

Date

(850) 962-7804

Daytime Phone #

CR2081 (9/99)