

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1997 FEB 10 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000070147**

1. Corporation Name **RHYC Development Company, a
Florida corporation**

Principal Place of Business Mailing Address

**1492 South Miami Ave
Suite 200
Miami, FL 33130**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/94

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

5. FEI Number

65-0536065

Applied For

Not Applicable

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

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
Pres.	Loys Charbonnet, III	1492 So. Miami Ave., Ste 200	Miami, Florida 33130
Tres.	Loys Charbonnet, III	1492 So. Miami Ave., Ste. 200	Miami, Florida 33130
V.P.	Gaston E. Campano	1492 So. Miami Ave., Ste. 200	Miami, Florida 33130
Sec.	Gaston E. Campano	1492 So. Miami Ave., Ste. 200	Miami, Florida 33130

REINSTATEMENT

8. Name and Address of Current Registered Agent

**Loys Charbonnet, III
1492 South Miami Avenue
Suite 200
Miami, Florida 33130**

9. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Numbers Not Acceptable)

000002085850--2

Suite, Apt. #, Etc.

02/12/97--01120--020

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **February 9, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

000002085850--2

02/12/97--01120--021

*******8.75**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Loys Charbonnet, III, President

SIGNATURE:

[Signature]

2/9/97

CPRE040 (12/95)