

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000032399

1. Corporation Name RIC FOOD SERVICES, INC.

Principal Place of Business Mailing Address
7151 Pembroke Road
Pembroke Pines, FL 33023

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
99 NOV 15 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-999

4. Date Incorporated or Qualified To Do Business in Florida 4-17-95	
5. FEI Number 65-0574545	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Instructions for required fee and conditions of status.</small>	

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
P/D	Jorge Pineiro	7151 Pembroke Road	Pembroke Pines, FL 33023
S/T	Tanya Pineiro	7151 Pembroke Road	Pembroke Pines, FL 33023

700003059037--9
-12/02/99--01062--009
***900.00 ***900.00

8. Name and Address of Current Registered Agent Carlos J. Reyes, Esq. 200 SE 9 Street Ft. Lauderdale, FL 33316		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 *Carlos J. Reyes* Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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)(f), 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]* President 11-11-99 (954) 964-4342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE