


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	--

DOCUMENT # P96000076665

1. Corporation Name

RIVIC INC.

Principal Place of Business

OKALOOSA COUNTY COURTHOUSE
1250 N. EGLIN PKYWY
FT. WALTON BEACH FL 32579

Mailing Address

OKALOOSA COUNTY COURTHOUSE
1250 N. EGLIN PKYWY
FT. WALTON BEACH FL 32579

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

2. New Principal Office Address, If Applicable

Rivic Inc
219 G Lincoln Dr

City & State
FT Walton Beach, Fla

Zip
32547

3. New Mailing Office Address, If Applicable

Rivic Inc
219 Lincoln Dr

City & State
FT Walton Beach, Fla

Zip
32547

4. Date Incorporated or Qualified
To Do Business in Florida

09/13/1996

5. FEI Number

59-3406068

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LOVETTE, RICHARD C	219 LINCOLN DRIVE	FORT WALTON BEACH FL 32547
VP	LOVETTE, VICTORIA M	219 LINCOLN DRIVE	FORT WALTON BEACH FL 32547

8. Name and Address of Current Registered Agent

LOVETTE, RICHARD C
219 LINCOLN DR.
FT. WALTON BEACH FL 32547

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

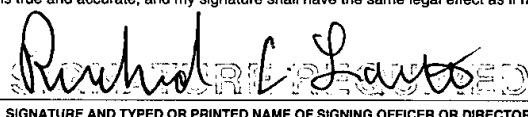

REGISTERED AGENT MUST SIGN

Date

10/25/2001

11. 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

Date

Daytime Phone #

10/25/2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 12:58



CR2E040 (8/01)

Oct 25, 2001

Division of Corporations

Tallahassee, Fla

Dear Sirs

In late December, 2000, I was forced to move my business from The Okaloosa County Courthouse. Somehow my mail was fouled up and I did not receive the original notice that you apparently mailed to me. The reinstatement notice also went to ~~the~~ the County Courthouse and someone there remembered me and sent the notice to my home (219 Lincoln)

I can assure that I have always paid on time because I do not have the money to do otherwise. I am a blind vendor under the Randolph-Spencer act and I try hard to do my best to follow the rules.

I have enclosed the envelopes that this notice came in as proof of what I am saying.

Yours truly

Richard C. Lantz