

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY -8 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

RHYS INC.

196000082159

2. Principal Office Address

3344 LAKESHORE BLVD

3. Mailing Office Address

3344 LAKESHORE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

Zip

32210

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/1996

5. FEI Number

59-340 2617

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *00-02*

7. Name and Address of Current Registered Agent

Name

ROGER J. HANSEN

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

3344 LAKESHORE BLVD.

Suite, Apt. #, Etc.

City

JACKSONVILLE, FL

State

FL

Zip Code

32210

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

Roger J. Hansen

REGISTERED AGENT MUST SIGN

Date *5-3-02*

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
<i>D</i>	<i>ROGER J. HANSEN</i>	<i>3344 LAKESHORE BLVD.</i>	<i>JACKSONVILLE, FL 32210</i>

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:

Roger J. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-02

Date

904-384-3113

Daytime Phone #

CR2E081 (9/01)