

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~CORPORATION~~  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000015636

1. Corporation Name

RICHTER & COMPANY, INC.

1999-2003  
UBR

UBR  
9903

2. Principal Office Address

4659 Salisbury Rd. N.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32216

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/14/1997

5. FEI Number

59-3428450

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

John E. Richter, ChFC

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

4659 Salisbury Rd. N.

Suite, Apt. #, Etc.

800019855328

05/22/03--01098--013 \*\*750 00

City

Jacksonville

State

FL

Zip Code

32216

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

John E. Richter, ChFC

REGISTERED AGENT MUST SIGN

Date

5/20/03

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
P/O	John E. Richter, ChFC	4659 Salisbury Rd. N.	Jacksonville FL
V/O	"	"	" 32216
S/O	"	"	"
T/O	"	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Richter, ChFC

Date

5/20/03

Daytime Phone #

904/296/500

CR2081 (10/02)

188

# RICHTER & COMPANY

Financial & Insurance  
Planning Services

4059 Salisbury Road N.  
Jacksonville, FL 32216

Tel (904) 296-6500  
Fax (904) 296-6509

May 20, 2003

TO: Department of State

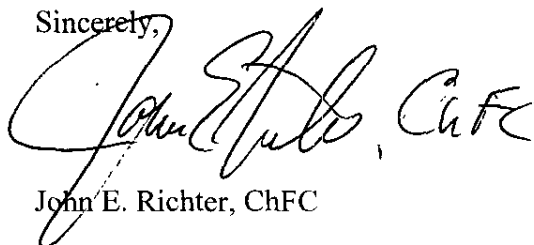
FROM: John E. Richter, ChFC

RE: Reinstatement of Richter & Company, Inc, P97000015636

Richter & Company, Inc has not received any Annual Reports since 1999. After speaking with someone at the Department of State, I confirmed that this was due to our firm moving its physical location. The representative at the Department of State indicated that the system showed that the Reports were undeliverable. Apparently this waives any reinstatement fee. Enclosed you will find a check for fees not paid since 1999. I was told these fees are \$150 for the 5 years, or \$750.

Thank you in advance for your prompt attention to this matter.

Sincerely,



John E. Richter, ChFC