PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 11 PM 4:22

DOCUMENT # P 97000051914

1. Corporation Name
THE RICKEL GROUP INC

REINSTATEMENT 98-01

2. Principal Office Address	3. Mailing Office Address
620 ROBERT AVE	620 ROBERT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEHIGH ACRES FL	City & State: LEHIGH ACRES FL
Zip: 33972 Country: LEE	Zip: 33972 Country: LEE

4. Date Incorporated or Qualified To Do Business in Florida: 06-12-97

5. FEI Number: 52-2045155 ☐ 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: ROBERT A DEAVE

600004641628--3
-10/18/01--01049--004
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable): 620 ROBERT AVE

Suite, Apt. #, Etc.:

City: LEHIGH ACRES. State: FL Zip Code: 33972

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: X [signature] Date: 9-27-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PRES	MARLIES BICKEL	2502 E 7TH ST	LEHIGH ACRES, FL 33972
V. PRES	FRIEDRICH BICKEL	2502 E 7TH ST	LEHIGH ACRES FL 33972
SEC/TREAS	ROBERT A DEAVE	620 ROBERT AVE	LEHIGH ACRES FL 33972

$10/17

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: X [signature] 09-27-01 941-369-8819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #