

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P97000071960

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1. Corporation Name  
RIPCO CONSTRUCTION, INC.

Principal Place of Business Mailing Address  
141 JOHN SIMS PARKWAY VALPARAISO FL 32580  
139 JOHN SIMS PARKWAY VALPARAISO FL 32580  
Valparaiso Fla. 32580 Valparaiso Fla. 32580

REINSTATEMENT 99

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 08/18/1997

5. FEI Number 58-2338624 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 A notional 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	WRIGHT, ROGER P	141 JOHN SIMS PARKWAY	VALPARAISO FL 32580
V	<del>JOHNSON, ROBERT</del> GASPARO GEORGE W III	<del>141 JOHN SIMS PARKWAY</del> 139 JOHN SIMS PARKWAY	VALPARAISO FL 32580

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-12/07/99--01051--001  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

WRIGHT, ROGER P  
141 JOHN SIMS PARKWAY  
VALPARAISO FL 32580

Name: Roger P. Wright  
Street Address (P.O. Box Number is Not Acceptable): 139 JOHN SIMS PARKWAY  
Suite, Apt. #, Etc.:  
City: Valparaiso State: FL Zip Code: 32580

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent: [Signature] REQUIRED Date: 10-14-99

REGISTERED AGENT MUST SIGN

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.

AD

SIGNATURE: [Signature] REQUIRED Date: 10-14-99 850-678-6657

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR