

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 12:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000078422

1. Corporation Name

RICHLAND GROVE, INC.

Principal Place of Business

Mailing Address

101 NE 48TH COURT
FT LAUDERDALE FL 33334
US

101 NE 48TH COURT
FT LAUDERDALE FL 33334
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0793598

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KEANEY, MARK	101 NE 48TH CT	FT LAUDERDALE FL 33334
			100003463671--1 -11/15/00--01018--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KEARNEY, MARK
101 NE 48TH CT
FT LAUDERDALE FL 33334

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

Oct 13, 2000

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 13, 2000

Daytime Phone #

954-

202-9955

2062

Oct 26th

To whom it may concern,
I received my check
back and was told to write
a written waiver, so in
compliance with the instructions
I'd like to explain the situation.

We never received the reinstatement
letters until the last package,
I immediately called and spoke
to a woman named Jessie Sellers
and explained, being fairly a new
company we didn't know and never
received anything. She then proceeded
to tell me to go ahead and send
the payment, and of January of
every year the same will be
expected. If we have not received
it by the end of January
to call for the necessary paperwork.

I appreciate the waiver and
I do apologize. Thank you for
accepting our waiver.

Thank you so much

Sincerely,
Saidklosky

Richard Grove

Mark Henry

Ref # P97000078422

Letter # 200A00054962