

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

02 JUN 26 PM 2:23

DOCUMENT # **P98000021830**

1. Corporation Name

Rhino Construction Engineering, Inc.

2. Principal Office Address

2079 Longfellow Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32818

Country

USA

3. Mailing Office Address

4107 El Rey Road

Suite, Apt. #, etc.

Unit 4B

City & State

Orlando, FL

Zip

32808

Country

USA

REINSTATEMENT 06-02

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/98

5. FEI Number

59-3500300

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

Theodore M. Washington

800006257908-3

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

2079 Longfellow Ct

07/08/02 01070-010

*****1067.50 ****917.50**

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32818

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

Theodore M. Washington

REGISTERED AGENT MUST SIGN

Date **6-26-02**

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 |
|--------|--------------------------------------|--|--------------------|
| PTD | Theodore M. Washington | 2079 Longfellow Ct Orlando, FL 32818 | Orlando, FL 32818 |
| D | Ricardo R. Washington | 3024 North Powers Dr. Apt. 256 Orlando, FL 32818 | Orlando, FL 32818 |
| USD | Gail L. Washington | 2079 Longfellow Ct Orlando, FL 32818 | Orlando, FL 32818 |
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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:

Theodore M. Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-02 407-340-4486

Date

Daytime Phone #