

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 20 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700028382777
02/09/04--01006--005 **300.00

03-04

DOCUMENT # p99000059001

1. Corporation Name

Richer Renovation Inc

2. Principal Office Address

1184 Humay Ave NE

Suite, Apt. #, etc.

City & State

Palm Bay Florida

Zip
32907

Country
Brevard

3. Mailing Office Address

1184 Humay Ave NE

Suite, Apt. #, etc.

City & State

Palm Bay Florida

Zip
32907

Country
Brevard

**4. Date Incorporated or Qualified
To Do Business in Florida June 1999**

5. FEI Number
59-3606761

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
Rene Richer

Street Address (P.O. Box Number is Not Acceptable)
1184 Humay Ave

Suite, Apt. #, Etc.

City
Palm Bay

State
FL

Zip Code
32907

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date 2/03/04

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
President	Rene Richer	1184 Humay Ave	PALM BAY FL 32907

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 118.07(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

2/03/04

Date

(321)480-6923

Daytime Phone #

CR2001 (01/04)