

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 APR 16 PM 3: 02
DOCUMENT # P99000109725 1. Corporation Name				SECRETARY OF STATE TALLAHASSEF, FLORIDA
RICHARDSON ENTERPRISES OF NORTHWEST FLORIDA, INC				700031837497 04/05/0401056016 **600.00
2. Principal C	Office Address WS AVENUE	3. Mailing Office Address 360 ADAMS AVENUE		
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.		4. Date Incorporated or Qualified
City & State	AISO, FLORIDA	City & State -VALPARAISO, FLORIDA		To Do Business in Florida 5, FEI Number. 54-2124211
Zip 32580	Country USA	Zip 32580	Country USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
		7. Name and	Address of Current Register	red Agent
,	JOEL A. RICHARDSON Street Address (P.O. Box Number is Not Acceptable) 360 ADAMS AVENUE Suite, Apt. #, Etc. City VALPARAISO State Tip Code 32580 gappointed the address 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 Agent Agent MUST SIGN Date 4/14/04				
9. Names ar	nd Street Addresses of Each Officer an	d/or Director (Florida nonni	ofit comorations must list at le	east 3 directors)
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	h C4-1-0-1-7
P, D J	JOEL A. RICHARDSON		DAMS AVENUE	VALPARAISO, FLORIDA 32580
	KAREN RICHARDSON		DAMS AVENUE	VALPARAISO, FLORIDA 32580
				-
	***************************************	!	EEESTAT	EWENT 01-04
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 filling 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 securate, 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 Date Date Date Dayling Phone #				

R2E081 (01/04)



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SEC Practice Section

April 1, 2004

Department of State Division of Corporations P. O. Box 6327 Tallahassee,-FL 32314

Re: Richardson Enterprises of Northwest Florida, Inc.

Document Number: P99000109725

Gentlemen:

The above referenced taxpayer has asked us to respond regarding the reinstatement of Richardson Enterprises of Northwest Florida, Inc.

The mailing address on file with the State was incorrect. Therefore, the notices for filing the annual reports were not received at the corporate office.

Enclosed you will find the Corporation Reinstatement form and a check in the amount of \$ 600 remitting the annual fee due.

We respectfully request that the reinstatement fee be waived due to the incorrect mailing address. If you have any questions regarding this matter, please contact our office at 850.897.4333.

Sincerely

D. Timothy Herndon, CPA Carr, Riggs & Ingram, LLC

DTH/rr