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
01 NOV 27 PM 3:58

DOCUMENT # P95000063048

1. Corporation Name

RUSCOMP, INC.

Principal Place of Business	Mailing Address
12765 W. FOREST HILL BLVD. STE 1319 WELLINGTON FL 33414 US	12773 W. FOREST HILL RD. WELLINGTON FL 33414 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
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1319
City & State	City & State WELLINGTON, FLORIDA
Zip / Country	Zip 33414 / Country US

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1995

5. FEI Number: 65-0603648 ☐ Applied For ☐ Not Applicable

6. 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
D	HOPPLE, RUSS	10745 PELICAN DRIVE	WELLINGTON FL 33414

800004717648--4
-12/10/01--01117--023
****150.00 ****150.00

12/6

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HOPPLE, RUSS 10745 PELICAN DRIVE WELLINGTON FL 33414	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Russell Hopple — Date: 11/15/01
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.

SIGNATURE: Russell Hopple — 11/15/01 — 561-790-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RUSCOMP, INC.
12765 W. Forest Hill Boulevard, Suite 1319
Wellington, Florida 33414
(561) 790-1734

November 15, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Ruscomp, Inc.
Document Number P95000063048

To Whom It May Concern:

We are in receipt of the Application for Reinstatement and Certificate of Administration Dissolution or Revocation effective September 21, 2001. Ruscomp, Inc. has been in business since 1988 and has filed the Corporation Annual Report/Uniform Business Report timely each year since it's inception.

The business relocated to the above-captioned address at the end of 2000. The original Annual Report/Uniform Business Report for 2001 was not received at the new location, although a change of address was filed with the United States Post Master and all other mail was forwarded to the new address. Therefore, we request that you waive the Reinstatement Fee of $650.00 and accept the enclosed check for $150.00, which represents the annual filing fee.

If you have any questions, please call me at (561) 790-1734. Thank you for your cooperation regarding this matter.

Sincerely,
RUSCOMP, INC.

Russell Hopple

Russell Hopple
President

RH/lh

Enclosure