

FILED

01 FEB 23 PM 3:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000085984

1. Corporation Name

Ruiz Investment & Development, Inc.

2. Principal Office Address

198 N.W. 37 Ave.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33125

Country

USA

3. Mailing Office Address

198 N.W. 37 Ave.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/98

5. FEI Number

650878487

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

100003782981--8

Name

John H. Ruiz

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

198 N.W. 37 Ave.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33125

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 2-21-01

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
P, D	John H. Ruiz	198 N.W. 37 Ave.	MIAMI, FL. 33125
V, S, D	EMETERIO RUIZ	198 N.W. 37 Ave.	MIAMI, FL. 33125

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****158.75 ****158.75

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-01

Date

(305) 649.0020

Daytime Phone #

78

CR2081 (9/00)