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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000085984					
1. Corporation Name Ruiz Investment & Development, Inc.					
2. Principal Office Address 5040 N.W. 7th Street			3. Mailing Office Address 5040 N.W. 7th Street		
Suite, Apt. #, etc. 920			Suite, Apt. #, etc. 920		
City & State MIAMI, FLA.			City & State MIAMI, FLA.		
Zip 33126		Country		Zip 33126	
				Country MIAMI-DADE	
				4. Date Incorporated or Qualified To Do Business in Florida 10-7-98	
				5. FEI Number 050878487	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee Required for Certificate of Status	

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name: **John H. Ruiz**

Street Address (P.O. Box Number is Not Acceptable): **5040 N.W. 7 St., #920**

Suite, Apt. #, Etc.:

City: **MIAMI**

State: **FL**

Zip Code: **33126**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent: **John Ruiz**

Date: **1-15-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer's and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	John H. Ruiz	5040 N.W. 7 St., #920	MIAMI, FLORIDA 33126

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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: **John Ruiz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-15-04**

Phone #: **(305) 644-0920**

2057

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : T20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT

RUIZ INVESTMENT & DEVELOPMENT, INC.

Certificate of Status	0
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