

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 262713

1. Entity Name
RUTH REGINA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 12 PM 3:02

Principal Place of Business
RUTH REGINA GLASSER
1050 KANE CONCOURSE
BAY HARBOR, FL 33154

Mailing Address
RUTH REGINA GLASSER
1050 KANE CONCOURSE
BAY HARBOR, FL 33154

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10292008

REIN-P

CR2E098 (1/07)

4. FEI Number
59-0973616

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANKEN, RUTH REGINA
1050 KANE CONCOURSE
BAY HARBOR, FL 33154

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PANKEN, RUTH REGINA
STREET ADDRESS 1050 KANE CONCOURSE
CITY-ST-ZIP BAY HARBOR, FL 33154

TITLE V ☐ Delete
NAME SHENBERG, MITCHELL
STREET ADDRESS P. O. BOX 430308, N/A
CITY-ST-ZIP MIAMI, FL

TITLE V ☐ Delete
NAME SHENBERG, RANDALL
STREET ADDRESS 13404 SW 108TH ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600138985016
CITY-ST-ZIP 12/12/08--01035--006 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/08