

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 435408

1. Corporation Name

RUCK BROTHERS BRICK, INC.

Principal Place of Business

Mailing Address

2902 WAREHOUSE RD.
FT. MYERS FL 33916

2902 WAREHOUSE RD.
FT. MYERS FL 33916

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1973

5. FEI Number

59-1484024

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	RUCK, PHILIP DANIEL	14321 RIVER RD	FT. MYERS FL
VTD	RUCK, JAMES CHARLES	7860 SADDLECREEK TR	SARASOTA FL
VSD	REILLY, THOMAS JUSTIN	1901 CLIFFORD	FT. MYERS FL
D	HUGHES, WILLIAM CLAYTON	11 TIMBERLAND LN	FT. MYERS FL
			000002707900--3 -12/09/98--01102--018 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUCK, PHILIP DANIEL
14321 RIVER RD
FT MYERS FL 33905

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]
REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-24-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

have paid
(See other side for information
on intangible tax.)

12. 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:

[Signature]
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-98

Daytime Phone #

941-334-8022

1998 DEC -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT '98



SCC 12-4-98

CR2E040 (9/98)