

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F19420**

1. Corporation Name

LUV, RUBY, INC.

Principal Place of Business

120 EAST CENTRAL ST
HARLAN KY 40831
US

Mailing Address

120 EAST CENTRAL ST
HARLAN KY 40831
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/1981

5. FEI Number

59-2117031

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
PD	BENNETT, RUBY	120 E CENTRAL ST	HARLAN KY
VP	BENNETT, BENJAMIN	120 E CENTRAL ST	HARLAN KY
AVP	ROWE, ALBERT E	120 EAST CENTRAL ST	HARLAN KY
AS	BENNETT, SARAH J	120 E CENTRAL ST	HARLAN KY
AS	BENNETT, MARY ELIZABETH	120 E CENTRAL ST	HARLAN KY
AS	ROWE, MONA	96 WARREN RD	CUMBERLAND KY

8. Name and Address of Current Registered Agent

BENNETT, RUBY R
3469 W BOYNTON BCH BLVD STE 15A
GREENTREE PLAZA II
BOYNTON BCH FL 33436

9. Name and Address of New Registered Agent

Name
JEFFREY A SHAFFER - MINTMIRE & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable)
265 SUNRISE AVENUE
Suite, Apt. #, Etc.
SUNRISE 204
City
PALM BEACH
State
FL
Zip
33480

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

Date

10/25/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONA ROWE

10/17/00

Date

(606) 573-6698

Daytime Phone #

KE

CR2ED40 (9/00)