

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 25 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F78091**

1. Corporation Name

**RUTH'S CUSTOM BEDSPREADS CORPORATION**

Principal Place of Business

% M RUTH GREER  
1439 NE 13TH AVENUE  
FT LAUDERDALE FL 33304

Mailing Address

% M RUTH GREER  
1439 NE 13TH AVENUE  
FT LAUDERDALE FL 33304

*New mail address*

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

53142

Kenosha

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida

04/28/1982

5. FEI Number

50-2228783

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GREER, MORA RUTH <i>wife Deceased</i>	1439 NE 13TH AVENUE	FT LAUDERDALE FL
PD	Greer, Vance W. <i>husband</i>	1439 N.E. 13 AVENUE	Ft. Land. FL

700002016897--0  
-12/02/96-01016-011  
\*\*\*375.00 \*\*\*375.00

*DB11-20-96*

8. Name and Address of Current Registered Agent

GREER, M RUTH  
1439 NE 13TH AVENUE  
FT LAUDERDALE FL 33304

9. Name and Address of New Registered Agent

Name *Vance Green*  
Street Address (P.O. Box Number is Not Acceptable) *1439 NE 13 Ave*  
Suite, Apt. *FL. Land. FL*  
City *FL* State *FL* Zip Code *33304*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent

*Vance W. Greer*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *11-15-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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:

*Vance W. Greer*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-15-96*  
Date

*414-657-0595*  
Daytime Phone #

*954-581-4550*

CR2340 (7/90)