

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F78091**

1. Corporation Name

Ruth's Custom Bedspreads Inc.

2. Principal Office Address

1439 N.E. 13th Avenue

Suite, Apt. #, etc.

City & State

Ft Lauderdale FL

Zip

33304

Country

Broutard

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/28/82

5. FEI Number

59-2228793

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Allie M Deloms

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

1812 NW 15th

Suite, Apt. #, Etc.

City

Ft Lauderdale

State

FL

Zip Code

33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Allie M. Deloms

REGISTERED AGENT MUST SIGN

Date

8/20/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/O	<i>Allie M. Deloms</i>	<i>1812 NW 15th</i>	<i>Ft Lauderdale FL 33311</i>
Treasurer	<i>Hyacinth Barnes</i>	<i>3741 NW 2nd St</i>	<i>Ft Lauderdale FL 33311</i>
Sec.			

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 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:

Allie M Deloms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/20/01

Daytime Phone #

954-565-4444

CR2E081 (9/00)

RUTH'S CUSTOM BEDSPREADS, INC.
1439 Northeast 13th Avenue
Ft. Lauderdale, FL 33304

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August 20, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Request for reinstatement.

Dear Sir/Madame:

In keeping with my telephone discussion with your offices this morning, enclosed please find a completed Corporation Reinstatement form, along with our check payable to the "Department of State" in the amount of \$450. As we never received the annual forms from the State, and being recent corporation owners, we were unaware of the requirement to file reports with the state each year and to pay an annual fee.

The State's acceptance of the enclosed and its waiver of any penalties in the circumstances is greatly appreciated.

Sincerely,

Allie M. Nelons, President