

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000006425

1. Corporation Name

BETTY ANNN RULE MANAGEMENT, INC.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc. 222 Lakeview Ave
700 N. Olive Ave #160-

Suite, Apt. #, etc. 222 Lakeview Ave #160-304
700 N. Olive Ave

City & State

W. Palm Bch., FL

City & State

W. Palm Bch., FL

Zip

33401

Country

USA

Zip

33401

Country

USA

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

5. FEI Number

58-2508030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Arthur L. Wallace III, Esq.

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

2401 E. Atlantic Blvd., Ste. 400

Suite, Apt. #, Etc.

Pompano Beach, FL 33062

City

State
FL

Zip Code

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**

REGISTERED AGENT MUST SIGN

Date 042304

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	Rule, Lawrence	700 N. Olive Ave. 222 Lakeview Ave #160-304	W. Palm Bch., FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042304

Date

(561) 389-5652

Daytime Phone #

FILED

04 APR 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200033980032

04/20/04 04:10:28 **900.00

REINSTATEMENT 03-04

CR2081 (01/04)