PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 19 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86745

1. Corporation Name

Ruffian Incorporated
108 North Magnolia Avenue
Suite 700
Ocala, Florida 34475

REINSTATEMENT 90-00

2. Principal Office Address	3. Mailing Office Address
108 N. Magnolia Ave.	
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State
Zip: 34475 Country	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 8-3-87

5. FEI Number: 650005218 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: HENRY G. FERRO

Street Address (P.O. Box Number is Not Acceptable): 108 North Magnolia Avenue

Suite, Apt. #, Etc.: Suite 700

City: Ocala State: FL Zip Code: 34475

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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: X Henry G. Ferro Date: 12/18/00

REGISTERED AGENT MUST SIGN

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
PDST	Henry G. Ferro	108 North Magnolia Avenue Suite 700	Ocala, Florida 34475

LS

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: X Henry G. Ferro 12/18/00 352369 8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #