

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

163098

1. Corporation Name

Ruiz Enterprises, Inc

2. Principal Office Address - No P.O. Box #
1627 Brickell Avenue

3. Mailing Office Address
1627 Brickell Avenue

Suite, Apt. #, etc.
Suite 2806

Suite, Apt. #, etc.
Suite 2806

City & State
Miami, FL

City & State
Miami, FL

Zip
33129

Country
Dade

Zip
33129

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida **2/3/1989**

5. FEI Number
65-0156616

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
Jose M. Barreneche

Street Address (P.O. Box Number is Not Acceptable)
14307 SW 100 Lane

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33186

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-2-2007**

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
PSD	Nelson O. Ruiz	1627 Brickell Avenue #2806	Miami, FL 33129

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 contained in Chapter 119, 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] **Nelson O. Ruiz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-07

Date

Daytime Phone #

07 MAY 23 AM 11:30
TALLAHASSEE, FLORIDA

05/23/07--01005--006 **1050.00
700103096427
05/23/07--01005--006 **1050.00
CR2E081 (1/07)

05-07