

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000002751

Name and Mailing Address

0015961 01 MB 0.309 **AUTO T9 0 0615 32401-125000



RU-OP, L.L.C.

3000 W. HIGHWAY 98

PANAMA CITY FL 32401-1250



BK

CR2EQ34 (7/03)

2. New Mailing Address SAME		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/05/2002	
Principal Place of Business 3000 W. HIGHWAY 98 PANAMA CITY FL 32405	3. New Principal Place of Business Address SAME	6. FEI Number	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PATEL, RAMESH J 3000 W. HIGHWAY 98 PANAMA CITY FL 32405	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **SIGNATURE REQUIRED** Date **10/28/03**

REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgkm PARTNER	RAMESH J. PATEL	2823 WOODMORE DR	PANAMA CITY, FL 32405
mgkm PARTNER	KUSUM R. PATEL	"	"
REINSTATEMENT 2003			
000025065660			
11/26/03--01014--003 **150.00			
BK			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **SIGNATURE REQUIRED** Date **10/28/03** Daytime Phone # **850-269-5727**

Typed or printed name of signing Managing Member/Manager