

APPLICATION FOR REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L53378

RUDY'S ENTERPRISES OF S.F., INC. ^{South} ^{Florida} W00000014329

Principal Place of Business	Mailing Address
4331 SOUTH GULF CIRCLE N. FORT MYERS FL 33903	4331 SOUTH GULF CIRCLE N. FORT MYERS FL 33903

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For	
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City & State

City & State

59-2997040

Not Applicable

Zip

Country

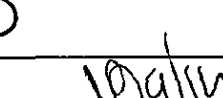
Zip

Country

6. CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	GLORIA L. RENEAU	4331 SOUTH GULF CIRCLE	N. FORT MYERS FL 33903
			900003407019--4 -09/27/00--01072--016 ***1200.00 ***1200.00
		REINSTATEMENT <u>97-00</u>	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RODOLFO R. FUNDORA
4331 SOUTH GULF CIRCLE
N. FORT MYERS, FL 33903

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

**Signature of
Registered Agent**

Date 9-4-00

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

(See other side for information
on intangible tax.)

12. 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 name 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: Gloria L. Reneau GLORIA L. RENEAU

✓ 8-22-00

941-652-6806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #