PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		PLEASE REAL	ALL INS	INOUI	IONS	DEFORE C	OWIFEETIN	NG THIS FORING	•	
APP	LIÇAT	IÓN	FLORIDA DEPARTMENT OF STATE						FILED	
,	FOR		Sandra B. Mortham				DEUNETARY OF STATE 11 VISION OF CORPORATIONS			
DEING	STATE	MENT	Secretary of State				" ✓ISJOH OF CORPORATIONS			
INCIINC	יאול	···	DIVISION OF CORPORATIONS				00 SEP 13 AM 10: 21			
DOCUMENT# L53378								00 251 13 AM 10: 21		
1. Corporation Name										
RUDY'S ENTERPRISES OF S.F., INC. WOODOOD 14324										
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4331 SOUTH GULF CIRCLE 4331 SOUTH GULF CIRCLE										
N. FORT MYERS FL 33903 N. FORT MYERS FL 33903								•		
If above addresses are incorrect in any way, line through incorrect information and enter correcti						correction below.				
2. New Prin	cipal Office	Address, If Applicable	3. New Mailir	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #	etc.		Suite, Apt. #, etc.				2/23/90			
			0'' 1 0' 1				5. FEI Number Applied For			
City & State			City & State				59-2997040 Not Applicable 6.			
Zip		Country	Zip		Country		1	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7 Na	and Ctroot A	ddranae of Each Officer on	diar Director (El	orida nonni	rofit corpo	rations must list at	least 3 directors	<u> </u>		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each										
Title(s)	•	and/or Directors		3 (D	Off	icer and/or Directo	r	City	/ / State / Zip	
1	2 3 (Do NOT					se Post Office Box	Numbers)			
P GLORIA L. RENEAU					4331 SOUTH GULF C			N. FORT MY	ERS FL 33903	
F GLOKIA D. KENEAO 4001 BOOTH GOL								10101 112	2110 12 000 00	
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	1000000								Malus	
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	8, Nan	ne and Address of Current	Registered Ag	ent .			9. Name and	Address of New Registe	ered Agent	
						Name				
RODOLFO R. FUNDORA						Street Address (P.O. Box Number is Not Acceptable)				
4331 SOUTH GULF CIRCLE						Street Address (F.O. Box Number is Not Acceptable)				
N. FORT MYERS, FL 33903						Suite, Apt. #, Etc.				
N. FORT PIERO, EL 33303						City State Zip Code				
	į.					J Gity			FL	
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 Portally A Veccontra										
Registered Agent //// D // VELLEVOTTO- Date //										
11. This corporation owes or has paid the current year (See other side for information										
Intangible Personal Property tax due June 30. Yes X No										
Thangible fieldonal Toperty tax due dune do. Tea A NO										
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 filling 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.										
			<i>_</i>							
SIGNATURE: Horis & Bresu GLORIA L. RENEAU 18-22-00 941-652-6806										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date										
					•					

STF FL32474F.1