

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -3 A 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/03/09--01019--011 **796.25

600142713286

CR2E081 (10/08)

DOCUMENT # N96000002447

1. Corporation Name

RUSKIN PLACE ARTISTS GUILD, INC.

2. Principal Office Address - No P.O. Box #

205 RUSKIN PLACE

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

USA

3. Mailing Office Address

P.O. Box 4845

Suite, Apt. #, etc.

City & State

SANTA ROSA BCH, FL

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-29-96

5. FEI Number

NOT APPLICABLE

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

CARA ROY

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

416 SPANISH MOSS TRAIL

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

☐ 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]

Date 1-22-09

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
PR.	VICKIE A. MILLER	205 RUSKIN PLACE	SANTA ROSA BCH, FL 32459
TD	HOLLY SPEIGHT	209 RUSKIN PLACE	SANTA ROSA BCH, FL
SD	TRICIA MOORE	202 416 RUSKIN PLACE	SANTA ROSA BCH, FL 32459
VD	MARY FLORENCE FORSYTHE	208 RUSKIN PLACE	SANTA ROSA BCH, FL 32459

REINSTATEMENT

2000-09

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] Vickie Miller

1-23-09

Date

850-231-1770

Daytime Phone #