PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED 2006 OCT 19 AM 9: 04 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State SECRETARIO DI STATE TALLAHASSEE, FLORIDA REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # [१००००००४२) ३४ 1. Corporation Name RUTH B. THACKER ENTERPRISES, INC. 2. Principal Office Address
No ROBERT FRULKAER
SUNTRUST BANK #307 3. Mailing Office Address P.O. BOX 14728 CR2E081 (12/05) Suite, Apt. #, etc. HOLE CHILAND ARK BIND 4. Date Incorporated or Qualified 112412000 To Do Business in Florida City & State City & State 5. FEI Number 45 - 1097335 Applied For FT LAHDGROAGE FL FT LAUDGROAGE FL Not Applicable \$8.75 Addytional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED Broward 33306 7. Name and Address of Current Registered Agent JACK W. HUTTON Street Address (P.O. Box Number is Not Acceptable) 7400 E DAKLAND PARK BWA Suite, Apt. #, Etc. Zio Code City State 33306 FT. LAUDEDDALE FL 8. 1, 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 10/18/06 Mutton Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip AUBREY L. THACKER JR 308 WEST 103 MD STACET #38 NEW YOAK, NY 10015 U 2019 NE 14 COURT JEFFREY LI THACKER FAT LAUDENDALE, FL 33304 VP D POINT OF MMERICA II #1206 FORT LANDERDALE FL 33316 JAGL A, RODGERS ٥ 2000 S. OCEAN LANE 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 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 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. 954 566 7711 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR JEFFREY L. THACKER VICE PRESIDENT Date /0/18/06 Daytime Phone #