

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000100475

1. Corporation Name

RONALD RUEGSEGER, INC.

Principal Place of Business

9516 CORTEZ RD. W. #2  
BRADENTON FL 34210

Mailing Address

9516 CORTEZ RD. W. #2  
BRADENTON FL 34210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/24/2000

5. FEI Number

65-1073585

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	RUEGSEGER, RONALD	9516 CORTEZ RD. W. #2	BRADENTON FL 34210
			380004717289-6
			-12/10/01--01094--020
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVE., STE. 900  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Ronald Ruegseger  
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 14266 9516 Cortez Rd  
Suite, Apt. #, Etc. West #2  
City Bradenton State FL Zip Code 34280

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10-12-01

11. 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

741-792-9314

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I've enclosed a check for \$150.00 for my annual filing fee. Would you please reinstate my corporation, as I have never received any warning that I had too or failed to file my annual report. I thought that had a whole year after forming my corporation to file the first report. Also the mailman might not have delivered the warnings thing it was the wrong address because the office here has a different name.

Thank you for your consideration,



Ronald Ruegsger