

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000019786

1. Corporation Name

RU12 INC.

Principal Place of Business

2439 POLK ST. #10  
HOLLYWOOD FL 33020

Mailing Address

2439 POLK ST. #10  
HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/22/2001

5. FEI Number

65-1092359

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TROUT, HENRY	2439 POLK ST, #10	HOLLYWOOD FL 33020
D	TROUT, STEVEN H	2439 POLK ST, #10	HOLLYWOOD FL 33020
D	SARDA, GENE	19473 NW 62 PL	MIAMI FL 33015

8. Name and Address of Current Registered Agent

TROUT, HENRY  
2439 POLK ST, #10  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 (954) 923-2946

CR2E040 (8/02)

252

RU12 INC.  
2439 Polk St #10  
Hollywood, FL 33020

October 28, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

Doc # P01000019786  
Ref: Federal ID Number 65-1092359

Division of Corporations

Attached are copies of all previous correspondence. As previously stated We never received a letter requesting our Federal ID Number. On the day we received the second Uniform Business Report we called and put on the form exactly what you said you needed to finish our original report mailing it out the same day. We assumed you received that form and all was complete Please correct your records and let us know that you have received this Information, Thank You.

Regards;



I Henry Trout  
Director