

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000020159

1. Corporation Name

RUTLAND INVESTMENTS, INC.

Principal Place of Business

Mailing Address

300 HORSE CREEK DR.  
#301  
NAPLES FL 34110

300 HORSE CREEK DR.  
#301  
NAPLES FL 34110

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

2. New Principal Office Address, If Applicable  
4734 STRATFORD COURT  
Suite, Apt. #, etc. #1703

3. New Mailing Office Address, If Applicable  
4734 STRATFORD COURT  
Suite, Apt. #, etc. #1703

City & State NAPLES FL  
Zip 34105 Country USA

City & State NAPLES FL  
Zip 34105 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/2002

5. FEI Number

83-0365576

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	ARGYROS, GEORGE R	<del>300 HORSE CREEK DR. #301</del>	<del>NAPLES FL 34110</del>
	ARGYROS GEORGIA R	4734 STRATFORD COURT #1703	NAPLES FL 34105

900040065099  
08/10/04--01089--001 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARGYROS, GEORGIA R  
300 HORSE CREEK DR.  
#301  
NAPLES FL 34110

Name

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

4734 STRATFORD COURT  
Suite, Apt. #, Etc. #1703

City

NAPLES

State

FL

Zip Code

34105

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

Georgia R. Argyros

REGISTERED AGENT MUST SIGN

Date

8/9/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/9/04

Daytime Phone #

CR2E040 (7/03)