

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 # P02000023885

1. Corporation Name

RUTHAAN CORP.

Principal Place of Business

56 N.E. 162 STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

56 N.E. 162 STREET
NORTH MIAMI BEACH FL 33162

REINSTATEMENT

FILED
03 NOV 14 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

4/9/03 90170 049 150.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/04/2002	
City & State		City & State		5. FEI Number	
Zip		Country		02-0563382	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	BARON, WILSON	56 N.E. 162 STREET	NORTH MIAMI BEACH FL 33162

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OSMAN, MICHAEL 1474-A WEST 84 STREET HIALEAH FL 33014	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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 Date _____
REGISTERED AGENT MUST SIGN

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: Wilson Baron **WILSON BARON** 11/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)



Bank of America Advantage

WILSON BARON
56 N.E. 162ND ST.
MIAMI, FL 33162-4225

10061452

876

63-4/630 FL
953

Date 04/07/03

Pay FLORIDA DEPARTMENT OF STATE \$ 150.00
to the order of ONE HUNDRED FIFTY ⁰⁰/₁₀₀ Dollars

Bank of America.

RUTHAAN
ACH R/T 06100277
CORT

Memo PO2000023885

Wilson Baron

⑆063000047⑆ 001465986419⑈ 0876 ⑆0000015000⑆

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009088796

APR 09 2003

BANK OF AMERICA NA
6740793053
04/11/03

Capture Date: 20030414 Sequence #: 6740793053

WILSON BARON
56 N.E. 162ND STREET
MIAMI, FL. 33162-4225

NOVEMBER 10, 2003

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

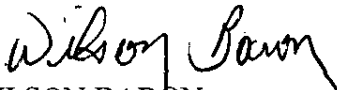
REFERENCE: P02000023890
TOUSSAINT CORP..

TO WHOM IT MAY CONCERN,

ATTACHED IS AN EXECUTED APPLICATION FOR REINSTATEMENT ALONG WITH A COPY OF A CANCELED CHECK SHOWING I HAD PAID THE ORIGINAL FEE IN EARLY APRIL OF THIS YEAR. IN DISCUSSING IT WITH YOUR STAFF APPARENTLY MY APPLICATION WAS SENT BACK BECAUSE I HAD NOT WRITTEN IN THE FEI NUMBER IN BOX 5 OF THE FORM.

PLEASE BE AWARE IF I HAD RECEIVED THIS REQUEST I WOULD HAVE IMMEDIATELY PUT THE NUMBER DOWN AND SENT IT BACK AS THERE WOULD HAVE BEEN NO REASON NOT TO COMPLY. I HEREBY ASKING RE-INSTATEMENT.

RESPECTFULLY SUBMITTED,



WILSON BARON,
PRESIDENT

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOV 10 2003