

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 # P02000033049

1. Corporation Name

RUTH STACEY INC

Principal Place of Business

Mailing Address

7924 RAMONA ST
 MIRAMAR FL 33023

7924 RAMONA ST
 MIRAMAR FL 33023

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

FILED
 03 NOV 18 PM 4:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
REINSTATEMENT 2003

 900024772649
 11/18/03--01004--022 **245.00

4. Date Incorporated or Qualified To Do Business in Florida

03/20/2002

5. FEI Number

651016769

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALL, ADASSA	733 SW 110TH LANE APT 202	PEMBROKE PINES FL 33023
D	JAMES, MERUYN	7141 Alhambra St.	MIRAMAR, FL 33023
D	JAMES, ROBERT	146-80-182nd St.	SPRINGERS GONS. NY 11413

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES, MERVIN
 7924 RAMONA ST
 MIRAMAR FL 33023

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]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

10/23/03

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-610-4813

Daytime Phone #

CR2E040 (7/03)