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 # P02000073212

1. Corporation Name

ROGER RUTTER INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Pi	ess	Mailing Addr	ress			_				
5409 4 ST W 5409 4 ST W										
LEHIGH ACRES FL 33971 LEHIGH ACR										
If above a	incorrect in any way, line the	information and enter correction below.			REINSTATEMENT 07					
New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 07/03/2002			
Suite, Apt. #, etc. Suite, Apt.				, etc.			5. FEI Number Applied For			
City & State City & Sta			City & State	9			41-2038197 Not Applicable			
Zip	Country Zip		Zip	Country		, _	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corpora	tions must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
D	RUTTER, ROGER SR			5409 4 ST W				LEHIGH ACRES FL 33971		
D	RUTTER, ROGER JR			5409 4 ST W			· · · · · ·	LEHIGH ACRES FL 33971		
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										0.00
				_	-					
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
						Name				
RUTTER, ROGER SR				Street Address (F			P.O. Box Number is Not Acceptable)			
5409 4 ST W LEHIGH ACRES.FL 33971				Suite, Apt. #, Etc.			<u> </u>			
LENIGT	L 3397 I	· · · · · · · · · · · · · · · · · · ·								
						City			State Zip C	Gode
10. I, being	appointed th	e registered agent of the at	ove named corpo	oration, am f	amiliar wit	h and accept the ol	bligations of Sect	ion 607.0505, F.S. or 6	317.0505, F.S.	
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Clanetus -	. 1.	Jeroka		0 -	**************************************	• · · · · · · · · · · · · · · · · · · ·				_
Signature o Registered	Agent	Togic St.	COUNTERED AG	ENT MUST	SIGN	. ,		Date	14/03	<u> </u>

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 filling 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

10/14/03 Date Daytime Phone # CR2E040 (7/03

We have not received any UBR papers for the year 2003. The date of our qualified incorporation was on July 3, 2002. I am Sending my application along with \$150 se-instatement fur. Thank you for your time.