

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000030651**

1. Entity Name  
**RUIZ PROPERTY MANAGEMENT, INC.**



**FILED**

2005 OCT 21 AM 8:36

SECRETARY OF STATE  
FLORIDA



Principal Place of Business  
445 NW 125TH STREET  
NORTH MIAMI, FL 33168

Mailing Address  
445 NW 125TH STREET  
NORTH MIAMI, FL 33168

2. Principal Place of Business  
61 NW 108 St  
Suite, Apt. #, etc.

3. Mailing Address  
61 NW 108 St  
Suite, Apt. #, etc.

08232005 REIN-P CR2E098 (6/04)

City & State  
Miami Shores, FL  
Zip 33168 Country U.S.A

City & State  
Miami Shores, FL  
Zip 33168 Country USA

4. FEI Number ☒ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BLAIR, LAURENCE I  
2021 TYLER STREET  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent  
Name Alfredo Ruiz  
Street Address (P.O. Box Number is Not Acceptable)  
61 NW 108 St,  
City Miami Shores FL Zip Code 33168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alfredo Ruiz* **Alfredo Ruiz, President** **Sept 01, 2005**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUIZ, ALFREDO 445 NW 125TH STREET NORTH MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060864009 10/21/05--01029--023 ***300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060864009 10/21/05--01029--024 ***8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alfredo Ruiz* **Alfredo Ruiz** **9/1/05** **786 229 3862**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/26/05