

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100-107

07 JUL 25 AM 3:31

DOCUMENT # P03000062420

1. Corporation Name

R. D. Ruxton Inc.

TALLAHASSEE, FLORIDA

800106759188
07/26/07--01052--008 **458.75

WD7000034313

2. Principal Office Address - No P.O. Box #

8740 Tantallon Circle

Suite, Apt. #, etc.

3. Mailing Office Address

8740 Tantallon Circle

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

REINSTATEMENT

CR2E081 (1/07)

05-01
Jun 1, 2003

4. Date Incorporated or Qualified

To Do Business in Florida

Jun 1, 2003

5. FEI Number

582671843

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gloria Mills

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

4123 Henderson Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gloria J. Mills

Date

July 23, 2007

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>President Ruxton T. Dellecere</u>	<u>8740 Tantallon Circle</u>	<u>Tampa FL 33647</u>

10. 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 contained in Chapter 119, 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: R. D. Ruxton Dellecere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07 813-991-7003

Date

Daytime Phone #