

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUL 26 AM 3:31

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000062420**

1. Corporation Name

R. D. Ruxton Inc.

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

REINSTATEMENT 05-07
CR2E081 (1/07)

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

4. Date Incorporated or Qualified
To Do Business in Florida

June 1, 2003

5. FEI Number

582671843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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
P President	Ruxton T. Dellecese	8740 Tantallon Circle	Tampa FL 33647

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:

Ruxton Dellecese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/07

Date

813-997-7003

Daytime Phone #