PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	T ELITOL TILITO	TEL IIIOTITOOT	IONO DEI ONE C	•	0 11110 1 01 1111.	
CORPORAT REINSTATEM		Secretar	TMENT OF STATE y of State corporations	05 Di	F1! EC-5 P;; 9: 15	
DOCUMENT # P03000129229					ئالىرىن ئا ئىدىن ئىرىن	`
,					- '	
BENJamin RUTH REALTY, INC						
		•			,	
2. Principal Office Addr. 1801/ S	LATER RD	3. Mailing Office Address 18071 SLATER RD		CR2E081 (8/05)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1		
				4. Date Incorpora To Do Busines	ated or Qualified	12003
City & State N. Ft My	IGRS FI	N.FL MYERS FI		5. FEI Number	0373239	Applied For Not Applicable
33917	Country USA	^{Zip} 33917	Country USA	_	STATUS DESIRED 58.75 A	
7. Name and Address of Current Registered Agent						
Name GLORIA THOMAS						
Street Address (P.O. Box Number is Not Acceptable)						
18071 SLATER RD						
Suite, Apt. #, Etc.						
City N. Ft MYERS					State Zip Code FL 339/1	7
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 Date 12.2.05						
Registered Agent						
9. Names and Street /	Addresses of Each Officer and	Vor Director /Florida nonon	ofit corporations must list at le	east 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / 2	Zip
P GLORA THOMAS			18011 SIATERRA		N.FL. My e	AS FI
1 62	P GLORA THOMAS 18011 SIAT					33917
					المراجعة والمراجعة والمستوريسين والمستورية	
				12/05.)00619120 /0501052022	Jゴ ら **908.75
				14,00	i nazi yazi da da ka hazi ka bari da	
			DEING?	<u> Stream</u>	A I A	
			· A CONTA A CONTRACT & D	TO P COLVERY	MB OAND	
					<u> </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 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: (Xorus 360000) 12.2-05 851-1919						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						
						-