

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 28 AM 8:39

DOCUMENT # P04000032662

1. Entity Name  
RUBEN ORTIZ, INC.



Principal Place of Business  
2322 SW 17TH ST  
CAPE CORAL, FL 33991

Mailing Address  
2322 SW 17TH ST  
CAPE CORAL, FL 33991



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312005

REIN-P

CR2E098 (6/04)

4. FEI Number

502436375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name

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

City

FL

Zip Code

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:

*Ruben Ortiz*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete  
NAME ORTIZ, RUBEN  
STREET ADDRESS 2322 SW 17TH ST  
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE VD ☐ Delete  
NAME ORTIZ, JACQUELINE  
STREET ADDRESS 2322 SW 17TH ST  
CITY-ST-ZIP CAPE CORAL, FL 33991

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS ADD069974338  
CITY-ST-ZIP 04/10/06--01087--014 \*\*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ruben Ortiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06-239-283-2177

Date

Daytime Phone #

2/2

3/23/06

To whom it may concern?

as Ruben Ortiz  
is sending this attached letter to  
please be excuse, and would like  
to be Reinstated in the State of florida  
I am a small Corp- Handyman Business  
moved to florida <sup>24K5</sup> & didn't know  
the rules of the State of florida,  
when I fill my Taxes last year  
a letter got no Card in Mail, just  
got this form, when to a public  
accountant in florida and he  
explain to me, about this form.  
and what it means. every yr this  
form has to be fill and send in  
please excuse me, and please waive  
the fee for the 600.00, you will  
getting 150 every yr. from train on:  
until the Business is going.  
Sending a check for 300. for the  
yr 2005-2006. I really would  
appreciated your attention in this matter  
and want the fee once again my  
apology.

Thank you  
Ruben Ortiz