


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # P04000044537</b><br>1. Entity Name<br><b>RUYLE INSURANCE INC.</b>   |  |   |  |    |  |
| Principal Place of Business<br><b>2298 NW BOCA RATON BLVD.<br/>BOCA RATON, FL 33431</b>   |  |   | Mailing Address<br><b>2298 NW BOCA RATON BLVD.<br/>BOCA RATON, FL 33431</b>  |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |   |  |
| City & State  |  | City & State                                  |  |   |  |
| Zip   | Country  | Zip   | Country  | 4. FEI Number   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |  | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RUYLE, KEITH<br/>2298 NW BOCA RATON BLVD. SUITE 11<br/>BOCA RATON, FL 33431</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and USA if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |
| <b>FILE NOW! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |  |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b><br><b>RUYLE, KEITH</b><br><b>2298 NW BOCA RATON BLVD. SUITE 11</b><br><b>BOCA RATON, FL 33431</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500062198155</b><br><b>12/15/05--01032--014 **150.00</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | Date: <b>12-10-05</b><br><small>Daytime Phone #</small>  |   |  |

FILED

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SEC. OF  
TALLAHASSEE



**REINSTATEMENT 2005**

FL

Zip Code

561-361-9696