## PLEÁSE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of division of con-				ate	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  08 JUL -2 PM 2: 32			
DOCUMENT# P04000122321  1. Corporation Name RUFFSTUFF PEST CONTROL								
2. Principa 3585 Suite, Apt. #	al Office Address - No P.O. Box #	3. Mailing Office / 35850 Sty Suite, Apt. #, etc.	Singletary Rd		REINSTATEMENT 07-08			
City & State  City & State  Myakka City  Myo			ka Ci	ty	4. Date Incorporated or Qualified To Do Business in Florida 8 2 4 0 4  5. FEI Number Applied For Not Applicable			
Zip F7	Country 34251 FL 34251			•	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
Name Street Add Suite, Apt. City	7. Name and Address of Michael R.  Iress (P.O. Box Number is Not Acceptable) 4. Etc.  Venice	Leary 1	State FL	Zip Code 347.85	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 Date Date Date								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le								
Titles	Officers and/or Directors		Officer and/or Director			City / State / Zip		
DAL	Bonnie E Ruff		35850 Singletary Rd		Myakka City	FE 34251		
DP	Donald L Ruff		35850 Singletary Rd		Myakra City	F 34251		
						400132085384 07/02/0801031003 **150.00		
					07/02	101320863 70801031004	**150.00	
	07/02/0801031005 ***8.75							
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: BOTUNG & PULL BONNIC E RUFF (188108 (41) 322-0332.  SIGNATURE AND TYPED OR PRINTED NO OF SIGNING OFFICER OR DIRECTOR  Date Destrict Phone #								
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