

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

DOCUMENT # P07000093334

1. Entity Name
RUACH COMPUTER MAINTENANCE CORP



2009 FEB 13 P 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
540 SE 2ND AVE
J23
DEERFIELD BEACH, FL 33441

Mailing Address
540 SE 2ND AVE
J23
DEERFIELD BEACH, FL 33441

2. Principal Place of Business - No P.O. Box #
430 SE 11th STREET
Suite, Apt. #, etc.
201

3. Mailing Address
430 SE 11th STREET
Suite, Apt. #, etc.
201

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

Zip
33441

Country
USA

Zip
33441

Country
USA

02102009 REIN-P CR2E098 (1/07)

4. FEI Number
26-0753295

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

PEREIRA, CLEBER S
540 SE 2ND AVE
J23
DEERFIELD BEACH, FL 33441

Name
PEREIRA, CLEBER S.
Street Address (P.O. Box Number is Not Acceptable)
430 SE 11th STREET #201
City
DEERFIELD BEACH FL Zip Code
33441

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/10/09

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
PEREIRA, CLEBER S
STREET ADDRESS
540 SE 2ND AVE SUITE J23
CITY-ST-ZIP
DEERFIELD BEACH, FL 33441

TITLE
NAME
P
PEREIRA, CLEBER S.
STREET ADDRESS
430 SE 11th STREET # 201
CITY-ST-ZIP
DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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02/13/09 000143593840
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TITLE
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REINSTATEMENT
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/09 (913) 206-0926
Date Daytime Phone #