

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005762**

1. Corporation Name

RUMA ADVISORY COMPANY, INC.

Principal Place of Business

**826 REEF ROAD
VERO BEACH FL 32963
US**

Mailing Address

**P.O. BOX 4399
VERO BEACH FL 32964
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

11/18/1992

5. FEI Number

01-0369171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	RUMA, STEVEN J. (Deceased) 6-10-96	826 REEF ROAD	VERO BEACH FL
PSTD	RUMA, KAY T.	826 Reef Rd.	Vero Beach, FL 32963
			4/23/98
			900002502859--9 -04/28/98--01062--016 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

**WALMETTO CHARTER SERVICES INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115**

9. Name and Address of New Registered Agent

**PA
STEWART, NALL, EVANS + HAFNER, ATTYS AT LAW
3355 OCEAN DRIVE**

VERO BEACH, FL

FL

32964

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

William J. Stewart
REGISTERED AGENT MUST SIGN

Date

4.20.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

Kay T. Ruma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-98

Daytime Phone

561-231-6622

FILED

98 APR 23 PM 1:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT 97-98

CR2E040 (8/97)