

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000043828*

1. Corporation Name

Ruiz Enterprises #2, Inc

2. Principal Office Address - No P.O. Box #
1627 Brickell Avenue

Suite, Apt. #, etc.
Suite 2806

City & State
Miami, FL

Zip
33129

Country
Dade

3. Mailing Office Address
1627 Brickell Avenue

Suite, Apt. #, etc.
Suite 2806

City & State
Miami, FL

Zip
33129

Country
Dade

7. Name and Address of Current Registered Agent

Name
Jose M. Barreneche

Street Address (P.O. Box Number is Not Acceptable)
14307 SW 100 Lane

Suite, Apt. #, Etc.

City
Miami, FL

State
FL

Zip Code
33186

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *2-2-2007*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Nelson O. Ruiz	1627 Brickell Avenue #2806	Miami, FL 33129

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:

[Signature] **Nelson O. Ruiz**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-2-07

Daytime Phone #

FILED

07 FEB 13 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800089298898

02/27/07--01010--007 **1050.00

REINSTATEMENT

05-07 CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **06/13/1994**

5. FEI Number
65-0502933

Applied For


Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

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<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>07 FEB 13 AM 10:22</p> <p>SECRETARY OF STATE ALLAHASSEE, FLORIDA</p> <p>600089293786 02/27/07--01006--030 **1200.00</p> <p>REINSTATEMENT</p> <p>04-07 CR2E081 (12/05)</p>																												
<p>DOCUMENT #</p> <p>1. Corporation Name</p> <p style="margin-left: 40px;">Britannia Antiques, Inc. <i>W01000004508</i></p> <p style="margin-left: 40px;">Doc # P93000086616</p>																														
<p>2. Principal Office Address</p> <p>225 NW REAL TERRACE Route 2 Box 170</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p style="margin-left: 40px;">Lake City, FL</p> <p>Zip</p> <p style="margin-left: 40px;">32055</p> <p>Country</p> <p style="margin-left: 40px;">USA</p>		<p>3. Mailing Office Address</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip</p> <p>Country</p>																												
		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p style="text-align: right;">12/15/93</p> <p>5. FET Number</p> <p style="margin-left: 40px;">59 3237339</p> <p>Applied For</p> <p>Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																												
<p>7. Name and Address of Current Registered Agent</p> <p>Name</p> <p style="margin-left: 40px;">Marcus A. Billington</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p style="margin-left: 40px;">225 NW Real Terrace <i>B1/26/07</i></p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p style="margin-left: 40px;">Lake City</p> <p>State</p> <p style="margin-left: 40px;">FL</p> <p>Zip Code</p> <p style="margin-left: 40px;">32055</p>																														
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