	PLEASE READ	ALL INSTRUC	TIONS BEFORE	E COMPLETING THIS FORM.		
CORPORAT REINSTATEM	(2番を)がはごれて)は	Jin Secret	RTMENT OF STAT Smith ary of State CORPORATIONS	02 NOV -6 AM 11: 40		
DOCUMENT # P95000039915 1. Corporation Name				SLORE TARY OF STATE TALLAHASSEE, FLORIDA		
Edward J.	Ruff Developm	ent, Inc.		H		
2. Principal Office Address 3. Mailing Office Address						
1431 Railhead Blvd.		1431 Railhead Blvd.		REINSTATEMENT 2002		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- B details		
Suite 2		Suite 2		4. Date Incorporated or Qualified		
City & State		City & State		To Do Business in Florida 5/19/95		
Naples, FL		Naples, FL		5. FEI Number Applied For Not Applicable		
Zip 34110	Country Collier	^{Zip} 34110	Country Collier	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status		
		7. Name and	Address of Current Regis	stered Agent		
Name Educa	and I Duce		X			
	Edward J. Ruff Street Address (P.O. Box Number is Not Acceptable) 70008843647					
1431	Railhead Blvd	i., Suite 2	100000043641			
Suite, Apt.	#, Etc.					
City Napl	es			State Zip Code FL 34110		
8. I, being appointed the	registered agent of the abov	e named comporation, an	familiar with and accept the	e obligations of section 607.0505 or 617.0503, F.S.		
Signature of	There of (Rise		11/5/00		

		ector (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	
DPS	Edward J. Ruff	1431 Railhead Blvd, Suite 2	Naples, FL 34110	
DVT	Blanche A. Ruff	1431 Railhead Blvd., Suite2	Naples, FL 34110	
			Mahara .	

e 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.

SIGNING OFFICER OR DIRECTOR

11/5/02

(239) 430-4994

Daytime Phone #



ACCOUNT NO. : 072100000032

810037-

REFERENCE

__ 102502

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: November 6, 2002

ORDER TIME: 1:35 PM

ORDER NO. : 810037-010

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt

Vogel Law Office

3936 Tamiami Trail North Midwest Title Building, Suite

Naples, FL 34103-3592

DOMESTIC FILINGS

EDWARD J. RUFF DEVELOPMENT,

INC.

XX REINSTATEMENT

NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS

DIVISION OF CORPORATION

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