

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 AUG -3 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000032689

1. Corporation Name

RALPH RUSSO, INC.

2. Principal Office Address - No P.O. Box #

~~4600~~ 4600 SE 130<sup>TH</sup> ST.

Suite, Apt. #, etc.

-

3. Mailing Office Address

P.O. Box 3831

Suite, Apt. #, etc.

-

City & State

BELLEVUE, FLORIDA

City & State

BELLEVUE, FLORIDA

Zip

34420

Country

USA

Zip

34420

Country

USA

000183928450  
08/03/10--01003--003 \*\*1058.75

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

04-11-1996

5. FEI Number

650561055

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RALPH RUSSO

Street Address (P.O. Box Number is Not Acceptable)

4600 SE 130<sup>TH</sup> ST.

Suite, Apt. #, Etc.

-

City

BELLEVUE,

State

FL

Zip Code

34420

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

8-3-2010

REGISTERED AGENT MUST SIGN

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
CEO	RALPH RUSSO	4600 SE 130 <sup>TH</sup> ST.	BELLEVUE, FL 34420

10. E-mail Address: nastyboyralph@aol.com

(To be used for future annual report notification)

11. 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. I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-3-2010

Daytime Phone #