

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000082653
 1. Corporation Name
RUBYSTOCK HOLDING CORP.

FILED
 01 OCT 24 PM 6:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2131 PALM VISTA DRIVE 2131 PALM VISTA DRIVE
 APOPKA FL 32712 APOPKA FL 32712



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 **10/03/1996**
 5. FEI Number **59-3527742** Applied For Not Applicable
 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MENDEZ-MILLS, CARLOS	2131 PALM VISTA DRIVE	APOPKA FL 32712

200004673602-9
-11/09/01--01011--011
****300,00 ***300,00*

W - DUBLE TS

8. Name and Address of Current Registered Agent
MENDEZ-MILLS, CARLOS
2131 PALM VISTA DRIVE
APOPKA FL 32712

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 **SIGNATURE REQUIRED** Date **SEP 14/2001**
 REGISTERED AGENT MUST SIGN

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 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: SIGNATURE REQUIRED **SEP 14/2001 (407) 889 7800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RUBYSTOCK HOLDING CORP

2131 PALM VISTA DR. APOKA-FL. 32712

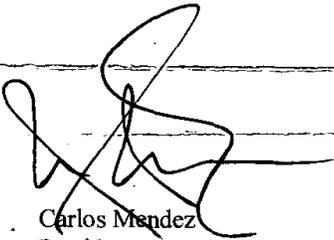
407 889 7800

page wtv

FLORIDA DEPARTMENT OF STATE

ATTN: STACY PRATHER
SUBJECT: RUBYSTOCK HOLDING CORP
REF. NUMBER : P96000082653, NON-RECEIPT

THIS LETTER IS TO LET YOU KNOW THAT WE DIDN'T RECEIVE THE ORIGINAL UNIFORM BUSINESS REPORT. IF YOU HAVE ANY FURTHER QUESTIONS PLEASE LET US KNOW.



Carlos Mendez
President
Rubystock Holding Corp