

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000014175

1. Entity Name
RUBY'S RODS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -5 AM 11:53

Principal Place of Business Mailing Address
~~6026 TAYLOR ROAD #5~~
~~NAPLES, FL 34109~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
6089 TAYLOR ROAD 6089 TAYLOR ROAD
City & State City & State
NAPLES FL NAPLES FL
Zip Country Zip Country
34109-1834 USA 34109-1834 USA

04292009 REIN-P CR2E098 (1/07)

4. FEI Number Applied For
59-3426753 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGRAVES, LAURIE W
4300 GULFSTREAM DR #2D
NAPLES, FL 34112

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4022 CRAYTON ROAD
City NAPLES FL Zip Code 34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Laurie W. Segraves LAURIE W. SEGRAVES 4-30-09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	RUBY, ROCK L	
STREET ADDRESS	6026 TAYLOR ROAD #5	
CITY - ST - ZIP	NAPLES, FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<u>6089 TAYLOR ROAD</u>
CITY - ST - ZIP	<u>NAPLES FL 34109-1834</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

100155466731
05/05/09--01041--0161 **300.00

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rock Ruby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-09
Date

239-597-6000
Daytime Phone #