	PLEASE READ	ALL INST	TRUCTION	S BEFORE C	COMPLET	ING THIS FORM.	• ***
	PLICATION FOR	FLORIDA	A DEPARTMI Kathering I Secretary of				
REINSTATEMENT DIVISION OF CORPORATIONS						ŧ	
DOCUMENT # P9700062971 1. Corporation Name					,	FILED	
KEITH RUTHENBERG-ELECTRONIC SALES, INC.					0:	2 MAR 04 PH 3. 23	
					SE	CHALLARY OF STATE	
Principal Place of Business Mailing Addr					1AL	HANNASSEE ET FARE	i (8/6) 1880) 1881 1881
		OON DR., #103 Y BEACH FL 32408					
					10	.000051081312 -03/14/0201052022	
If above a	ddresses are incorrect in any way, line thro ncipal Office Address, If Applicable				*************************************	* 900.00	
203 PELICAN WAY 208 Suite, Apt. #, etc. Suite, Apt. #.			PELICAN WAY TO DOB			ness in Florida 07/18/	1997/
City & State City & State					5. FEI Number	59-3461952 - (Table 10)	
PANAMA CITY BEACH, FL PANAMA Zip. Country Zip			ACH, FL. Country 6.			Not Applicable	
37409 CERTIFICATE OF STATUS DESIRED (CERTIFICATE OF STATUS DESIRED)							
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s)	and/or Directors	3 Officer and/or Director			City / State / Zi	р	
DP /	RUTHENBERG, KEITH (DECEASED) 45 (1/2	6135 N. LAGOON DR., #103			PANAMA CITY BEACH FL 32408		
D	RUTHENBERG, FRANKIE L	6135 PELICAN WAY			PANAMA CITY FL 32408		
D	DOWNING, NICHOL D	178 PELICAN WAY			PANAMA CITY FL 32408		
D	RUTHENBERG, JOEL K	6135 N. LAGOON DR. #103			PANAMA CITY FL 32408		
DΡ	OP DOWNING, TIMMOTHY J			ELICAN WAY	/	PANAMA CITY BEACH,	FL 37408
	9 Name and Address of Current P			- meenc		11000	٧
8. Name and Address of Current Registered Agent Name					99j Nameland A		70
Street A				FRANKIE Street Address (P	.O. Box Number i	HENBER G s Not Acceptable)	
6135 N. LAGOON DR., #103 PANAMA CITY BEACH FL 32408 Suite, Apt. #, Efc.					ELICAN	WAY	
. City						State Zip C	Code
PANAMA CI						// · · · · · · · · · · · · · · · · · · 	240 g
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 Date October 18, 2001 REGISTERED AGENT MUST SIGN							
11. I certify t	that I am an officer or director or the receive	er or trustee em	powered to execu	e this application as pr	rovided for in chap	oter 607 or 617, F.S. I further certify t	that when filing

1. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

October 18, 2001 (850-234-5669)
Date Daytime Phone #