

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000067275

1. Corporation Name

RUTHCORP, INC.

Principal Place of Business

5009 ORTEGA FARMS BLVD.
JACKSONVILLE FL 32210

Mailing Address

5009 ORTEGA FARMS BLVD.
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1998

5. FEI Number

59-3527168

Applied For

Not Applicable

6.

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
1	2	3	4
D	JENKS, MARK A	5009 ORTEGA FARMS BLVD.	JACKSONVILLE FL 32210

700003456017--0
-11/07/00--01116--013
****150.00 ****150.00

1/11/12

8. Name and Address of Current Registered Agent

PROM, STEPHEN G
50 N. LAURA STREET #3100
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

Mark A. Jenks

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

12646 San Jose Blvd

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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
REGISTERED AGENT MUST SIGN

Date

10/19/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 260-4550

Daytime Phone #

CR2E040 (8/00)

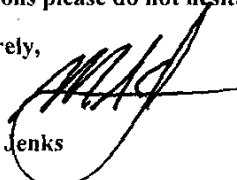
October 19, 2000

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Division Of Corporations,

Please find enclosed the application for reinstatement for #P98000067275, Ruthcorp, Inc. Due to a temporary change of address and a foul up in mail being forwarded the original application / annual report was not received nor was any follow up notification. Per instruction from your department enclosed is the fee of \$150.00. Should I need to be contacted for any further documentation or questions please do not hesitate to call me at (904) 612-1396

Sincerely,



Mark Jenks

President Ruthcorp, Inc.