

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000002426

1. Corporation Name
RUSTY'S INC

Principal Place of Business: 10000 SINTON DRIVE, PENSACOLA FL 32507
Mailing Address: 10000 SINTON DRIVE, PENSACOLA FL 32507



REINSTATEMENT

190

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/08/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3550081	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Prc	Tim Tune	10000 Sinton DR	PENSACOLA, FL 32507
V.P	Bettie Tune	10000 Sinton DR	PENSACOLA, FL 32507
S	Joe Black	Rt #1 Box 309B	CHARLESVILLE, ARK 72030
			400003459354--4
			-11/09/00--01127--012
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TUNE, TIM 11001 GULF BEACH HWY. PENSACOLA FL 32507		Name: TUNE, TIM Street Address (P.O. Box Numbers Not Acceptable): 10000 SINTON DR Suite, Apt. #, Etc.: City: PENSACOLA State: FL Zip Code: 32507	

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]* Date: 10-17-00
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]* Tim Tune Date: 10-17-00 Daytime Phone #: 850-492-1657
KE

CR2E040 (8/00)