

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

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

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

01/08/1999

5. FEI Number

59-3550081

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	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

TUNE, TIM  
11001 GULF BEACH HWY.  
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name TUNE, TIM  
Street Address (P.O. Box Number is 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]*  
REGISTERED AGENT MUST SIGN

Date 10-17-00

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]* TIM TUNE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-00

Daytime Phone #

850-492-1657

KE



REINSTATEMENT

190

FILED

00 OCT 25 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)