1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 12, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P99000088669

1. Corporation Name
Rutecki & Associates, P.A.

REINSTATEMENT 2006

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
100 S.E. 2nd St.	100 S.E. 2nd St.
Suite, Apt. #, etc. #4600	Suite, Apt. #, etc. #4600
City & State Miami, FL.	City & State Miami, FL.
Zip 33131 Country USA	Zip 33131 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1999

5. FEI Number 65-0953523 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Heather A Rutecki, Esq.
Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd St. #4600
Suite, Apt. #, Etc.:
City: Miami, Florida
State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/05/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Heather Rutecki	230 Palm Ave	Miami Beach, FL. 33139

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10/27/06 01051 004 **150.00

10. 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 contained in Chapter 119, 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: _____ 10/05/06 (305) 423-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/04/06 252

Department of State
To Whom It May Concern:

Please be advised that the undersigned never received the Notice of Renewal for the year 2005 for Rutecki & Associates PA. We evacuated for the hurricanes & my office was also relocated within the floor. Please waive accordingly any penalty & reinstate.

Thank you

Heather A. Rutecki
Rutecki & Assoc, P.A.