PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **APPLICATION** FILED FOR 99 JUN - 2 PN 4:52 REINSTATEMENT TO FOLK BY UP STATE Will all ISSUE, FLORIDA DOCUMENT # S20548 1. Corporation Name Rutenberg Management Corporation Principal Place of Business Mailing Address 3263 Hyde Park Drive 3263 Hyde Park Drive Clearwater FL 33761 Clearwater FL 33761 REINSTATEMENT97-99® If above addresses are incorrect in any way, line through incorrect information and enter correction below Date Incorporated or Qualified
 To Do Business in Florida 12/12/1990 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc Suite, Apt. #, etc 5 FE1 Number Applied For City & State City & State 59 3046339 Not Applicable Zıp Country 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) D/B/V/ Charles Rutenberg 3263 Hyde Park Drive Clearwater FL 33761 r/s Asst S Isadora Rutenberg 3263 Hyde Park Drive Clearwater FL 33761 ---28830--06/16/99--01004--003 \*\*\*1050.00 \*\*\*1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Charles Rutenberg 3263 Hyde Park Drive Street Address (P.O. Box Number is Not Acceptable) Clearwater FL 33761 Suite Apt #, Etc. Sti-te Zip Code 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 M3 28,1999 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on inlangible tax.)

12. 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 whee fill 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 the owned 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 had on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

AME OF SIGNING OFFICER OR DIRECTOR

Intangible Personal Property Tax due June 30.

Yes 🖾 No 🗌

M = 2 81 1999
Date Daytime Phone #