

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 27283

1. Corporation Name

RUTH & GAIL INC.

2. Principal Office Address

RUTH & GAIL

Suite, Apt. #, etc.

1355 HENRY ST

City & State

MAYPORT, FLORIDA

Zip

32233

Country

Duval

3. Mailing Office Address

RUTH & GAIL

Suite, Apt. #, etc.

1355 HENRY ST.

City & State

MAYPORT, FLORIDA

Zip

32233

Country

DUVAL

**REINSTATEMENT**

10  
DH-05

4. Date Incorporated or Qualified  
To Do Business in Florida

7-27-95

5. FEI Number

59-3036993

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JAMES D. STEEN

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

1355 HENRY STREET

Suite, Apt. #, Etc.

City

MAYPORT

State

FL

Zip Code

32233

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

James D. Steen

REGISTERED AGENT MUST SIGN

Date 5/19/05

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
P	JAMES D. STEEN	1355 Henry St.	MAYPORT, FL 32233

500055147295  
05/23/05--01066--005 \*\*900.00

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 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:

James D. Steen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/05

Date

904-2415231

Daytime Phone #

CR2E081 (07/05)