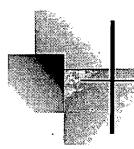
	PLEA	SE READ /	ALL INST	RUCTIO	NS BEFORE C	COMPLET	ING THIS FO	DRM.		
	ICATION FOR TATEM	20	BR	<b>Jim S</b> r Secretary			FILE	Ď		
DOCUMENT # \$30783  1. Corporation Name							02 NOV -6 AM 9: 46			
RUSTICALA INC							SECRETARY OF STATE TALLAMASSEE, FLORIDA			
Principal Place of Business Mailing Address										
5380 GULF OF MEXICO DRIVE 5380 GULF OF MEXIC										
2. New Princip	oal Office Address, I MARINER	f Applicable	3. New Mailir	ng Office Addre	enter correction below. ess, If Applicable	Date Incorp     To Do Busi	orated or Qualified ness in Florida	02/11/19	91	
Suite, Apt. #, etc. Suite, Apt. 57.5 B 57.5 City & State CORTE 2 FC COR				<u>3</u>	<u> </u>	5. FEI Numbe	65-0248312		Applied For Not Applicable	
34215	Country	US A	Zip 34215		Country USA	I	E OF STATUS DESIRED		ional Fee required ificate of Status	
/. Names and		of Each Officer and/o	or Director (Flor	ida nonprofit c	orporations must list at lea Street Address of Each	<del>-</del> -				
Title(s) 2 and/or Directors  D LINGENS, CHRISTINE A.				3	Officer and/or Director OF MEX DR #105	City / State / Zip  4  LONGBOAT KEY FL				
							000883		) <b>.</b> 00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
LINGENS, CHRISTINE A. 5360 GULF OF MEXICO DR. UNIT NO 105 LONGBOAT KEY FL 34228					3846 Suite, Apt. #, Etc. 515 B	Street Address (P.O. Box Number is Not Acceptable)  3840 MARINERS ' WAY  Suite, Apt. #, Etc.  515 B				
Signature of Registered Age	entt I am an officer or c	REC	GISTERED AGE	FINT MUST SIG	liar with and accept the of	provided for in cha	Date	617.0505, F.S. $\frac{\sqrt{3}}{\sqrt{3}} = \sqrt{3}$ I further certify the	2— nat when filing	
owed by the	corporation have b	peen paid and the na	ames of individu	ials listed on th	ois form do not qualify for a later as if made under	an exemption un				

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #



## CMR & ASSOCIATES SERVICES, INC.

2033 Wood Street, Suite 215 Sarasota, FL 34237

Phone: 941-366-3603 - Fax: 941-365-7254

Email: cmr@cmrassociates.org Web: http://www.cmrassociates.org

October 31, 2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Rusticala, Inc. 65-0248312

Dear Sir or Madam:

We are enclosing the Application for Reinstatement for the captioned taxpayer and requesting that you waive the Reinstatement fee of \$600 due to hardships explained below.

We cannot be sure, but it is very possible that the taxpayer did not receive her Annual Report. This year has been full of hardships due to illness and the necessity to move her business from the Gulf of Mexico location. We are assuming that due to the move the form was somehow lost in the mail. Please check the taxpayer's account and you will note that she has consistently been on time with the filing of this report.

We respectfully request that you accept this report as filed and ask that you waive the reinstatement fee accordingly. If you have any questions, please do not hesitate to contact the undersigned.

Respectfully,

CMR & ASSOCIATES SERVICES, INC.

Cassandra M. Russell, EA

President

CMR\dag

