PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$38/53

1. Corporation Name

Suite 2

Naples,

34110

City & State

2.

Edward J. Ruff Realty, Incorporated

Suite 2

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SHOME VARY OF STATE TALLAHASSEE, FLORIDA



Z. Principal Office Address	3. Mailing Office Address	
1431 Railhead Blvd.	1431 Railhead Blvd.	REINSTATEMENT 2002
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

	City & State		To Do Business in Florida	3/12/91
FL	Naples, FI	_	5. FEI Number 65-0248457	Applied For
Country	Zip	Country		Not Applicable
Collier	34110	Collier	CERTIFICATE OF STATUS DESIRED \$8.	75 Additional Fee required or a Certificate of Status
	7. Name and	Address of Cores at Day		The state of the s

7. Name and Address of Current Registered Agent		· · · · · · · · · · · · · · · · · · ·	_
Name			
Edward J. Ruff			
Street Address (P.O. Box Number is Not Acceptable)			
1431 Railhead Blyd., Suite 2			
Suite, Apt. #, Etc.			
City Marchan		Т — — — — —	
Naples	State	Zip Copsel 10	ŀ

8. 1, 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.

9. Name:	s and Street Addresses of Each Officer and/or Dire	ector (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
DPT	Edward J. Ruff	1431 Railhead Blvd., Suite2	Naples, FL 34110
DVS	Blanche A. Ruff	1431 Railhead Blvd., Suite 2	Naples, FL 34110
		70	0008843497

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 filling 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 accusete, and my signature shall be the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/02

(239) 430-4994

CR2E081 (9/01)

Daytime Phone #





ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: November 6, 2002

ORDER TIME : 1:34 PM

ORDER NO. : 810037-005

CUSTOMER NO: 10250A

CUSTOMER: Ms. Chris L. Wohlbrandt

Vogel Law Office

3936 Tamiami Trail North

Midwest Title Building, Suite

Naples, FL 34103-3592

DOMESTIC FILINGS

NAME:

EDWARD J. RUFF REALTY,

INCORPORATED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS