

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V43207**

1. Corporation Name

RUJO HOLDINGS, INC.

Principal Place of Business	Mailing Address
109 OLD CARRIAGE RD SUITE 204 PONCE INLET FL 32127 US	210 Williams Ave Daytona Beach FL 32218 US



REINSTATEMENT 99

2. New Principal Office Address, If Applicable 210 Williams Ave Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 210 Williams Ave Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 06/12/1992
City & State Daytona Beach FL	City & State Daytona Beach FL	5. FEI Number 50-3132239
Zip 32218	Country America	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	FIELDS, JOHN L	207 S MARION ST SUITE 204	LAKE CITY FL 32025
VS	FIELDS, MINNIE R	109 OLD CARRIAGE RD 210 Williams Ave	PONCE INLET FL 32127 Daytona Beach FL 32217
			500003070505--2 -12/15/99--01016--007 ***750.00 ***750.00

8. Name and Address of Current Registered Agent MINNIE R FIELDS 109 OLD CARRIAGE RD SUITE 204 PONCE INLET FL 32127	9. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable): 32218 William Ave Suite, Apt. #, Etc.: City: Daytona State: FL Zip Code: 32218
--	--

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: Minnie R. Fields Date: 11/25/99
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: Minnie R. Fields Date: 11/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR