PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR T REINSTATEM			FLORIDA DEPA Secreta DIVISION OF	tary of St	tate		FILE	ED
DOCUMENT# V47739						11 SEP 12 AH 10: 27		
1. Corporation Name RUGCUHERS INC.						SECRETANT OF STATE TALLAHASSEE, FLORIDA		
2. Principal Office Address S 13 2 S. E.		1	3. Mailing Office Address 5132 ら、ど、2フょて、]		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CR2E081 (6/10) 4. Date Incorporated or Qualified		
City & State			City & State			To Do Busir	ness in Florida 5 -	1-92
OCALA, FLA.			OCALA, FL			5. FEI Number Applied For Not Applicable		
^{Zip} 34480	4480 MARION		34480	Count	try AR, OV	6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	
7. Name and Address of Current Registered Agent								
Street Address (P.O. Bo	EPHEN S. ris Not Acceptable) 275T		State Zip Code FL 34480			300211905303 09/08/1101028011 **900.00		
8. I, being appointed the Signature of Registered Agent	e registere	ht)	ve named corporation, a London EGISTERED AGENT MU	bligations of section	on 607.0505 or 617.0503, F.S. Date			
9. Names and Street A		/or Director (Florida nor	prations must list at le		 F			
Titles	Officers	s and/or Directors		Officer and/or Directo			City / Stat	e / Zip
REINSTATEMENT 10-11								
10. E-mail Address: [Ug c u + ters 580 y a h co , c um (To be used for future annual report notification)								
filing this reinstateme	ent applicati rporation ha	tion, the reason for dave been paid. I furt	eceiver or trustee empo	owered to ominated, the tion indicated	execute this applica e corporate name sati d on this application is	ation as provided sfies the requireme s true and accurate	for in chapter 607 or 617, F.S. ents of section 607.0401 or 61 e, and my signature shall have	7.0401, F.S., that all

Daytime Phone #

FAX 850 - 245 - 6017

ATT N. TyRone Scott

TO WHOM IT MAY CONCERN

OFFICER OF RUG CCHERS INC.

Polent et elemelers - PRESIDENT 5132 S.E. 275T. OCALA, FL. 34480