

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P01000015274**

02 NOV -6 PH 4:41

1. Corporation Name

RUIZ TRANS DEVELOPMENT CORP.

SECRETARY OF STATE
TALLAHASSEE 900008837119
11/06/02--01134--012 **150.00

Principal Place of Business

260 NW 107TH AVENUE
#222
MIAMI FL 33172

Mailing Address

260 NW 107TH AVENUE
#222
MIAMI FL 33172

2002
1/16/02



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/09/2001

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RUIZ, RICARDO M	260 NW 107TH AVENUE	MIAMI FL 33172

8. Name and Address of Current Registered Agent

RUIZ, RICARDO M
260 NW 107TH AVENUE
#222
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-31-02.

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-02.

Date Daytime Phone #

CR2E040 (8/02)

20f2

October 31, 2002

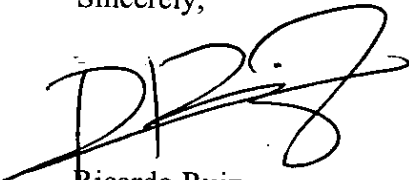
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: Document #P01000015274
Ruiz Trans Development Corp.
260 N.W. 107th Ave. #222
Miami, Fl. 33172

Dear Sirs:

Enclosed is Application For Reinstatement Form for the above referenced corporation, which did not receive their 2002 Uniform Business Code Report Form. Ruiz Trans Development Corp. was incorporated in 02/09/2001 and was not aware of the Uniform Business Report yearly filing requirements, until receipt of the Application of Reinstatement. I am now aware of the filing requirements and will make all efforts to submit future Annual Reports by May 1st. Please waive any additional fees in regard to this matter.

Sincerely,



Ricardo Ruiz
President