



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
<https://sos.oregon.gov/business/>

Assumed Business Name Reactivation
Registry Number: 165985491
Date of Registration: 04/01/2020

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



165985491-26393771

RUDY'S BRUNCH

REAABN

Name of Assumed Business Name Registration:
RUDY'S BRUNCH

Please complete and return this letter and any enclosed documents for filing the requested reinstatement/reactivation.

Submit \$100 for the required fees.

The above entity hereby requests to be active on the records of the Corporation Division. The effective date of administrative cancellation is 05/30/2024

The reason(s) for administrative cancellation has been eliminated or did not exist.

By: B. Gomez Date: _____
(Authorized Signature)

Any fees submitted with this document are non refundable and will be held for 45 days. If the document is returned for filing within 45 days no additional fees will be due unless otherwise stated in this letter.

Business Registry
Corporation Division
(503) 986-2200



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Registry Number: 165985491
Date of Registration: 04/01/2020

Note: Renewal due every two years

Name of Assumed Business Name Registration:

RUDY'S BRUNCH

The following information is required by statute. Please complete the entire form. If any of the information is incorrect you can make changes on this form.

Principal Place of Business: 2810 PORTLAND RD NEWBERG OR 97132
 (Physical Street Address)

Authorized Representative: GUILLERMINA RAMOS AMARAL
Mailing Address: 2715 E WALNUT AVE APT C NEWBERG OR 97132

Registrant(s) - Name(s) and Physical Address(es):
 RODOLFO GOMEZ REYES 707 S CENTER NEWBERG OR 97132

Counties:

- | | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> BAKER | <input type="checkbox"/> CROOK | <input type="checkbox"/> HARNEY | <input type="checkbox"/> LAKE | <input type="checkbox"/> MORROW | <input type="checkbox"/> UNION |
| <input type="checkbox"/> BENTON | <input type="checkbox"/> CURRY | <input type="checkbox"/> HOOD RIVER | <input type="checkbox"/> LANE | <input type="checkbox"/> MULTNOMAH | <input type="checkbox"/> WALLOWA |
| <input type="checkbox"/> CLACKAMAS | <input type="checkbox"/> DESCHUTES | <input type="checkbox"/> JACKSON | <input type="checkbox"/> LINCOLN | <input type="checkbox"/> POLK | <input type="checkbox"/> WASCO |
| <input type="checkbox"/> CLATSOP | <input type="checkbox"/> DOUGLAS | <input type="checkbox"/> JEFFERSON | <input type="checkbox"/> LINN | <input type="checkbox"/> SHERMAN | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> COLUMBIA | <input type="checkbox"/> GILLIAM | <input type="checkbox"/> JOSEPHINE | <input type="checkbox"/> MALHEUR | <input type="checkbox"/> TILLAMOOK | <input type="checkbox"/> WHEELER |
| <input type="checkbox"/> COOS | <input type="checkbox"/> GRANT | <input type="checkbox"/> KLAMATH | <input type="checkbox"/> MARION | <input type="checkbox"/> UMATILLA | <input checked="" type="checkbox"/> YAMHILL |

Business Description: (Primary business activity) BREAKFAST AND MEXICAN FOOD

Signatures: New registrants must sign. If any Registrants are WITHDRAWING, withdrawing Registrants or Authorized Representative must sign.

By my signature, I declare as an authorizing authority, that this filing has been examined by me and is, to the best of my knowledge and belief true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature: R. Gomez
Contact Name: _____

Signature: _____
Phone Number: _____

Make check payable to "Corporation Division" and mail to the address above.
 Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.