PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 18 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K25267

1. Corporation Name

L.L.Rubin & Co.

2. Principal Office Address	**3.** Mailing Office Address
14629 SW 104 ST.	Same
Suite, Apt. #, etc. #489	Suite, Apt. #, etc. Same
City & State Miami, FL	City & State
Zip 33186 / Country Dade	Zip / Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida: June 3rd, 1988

5. FEI Number: 65 0052411 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis A Lopez

Street Address (P.O. Box Number is Not Acceptable): 14629 SW 104 ST

Suite, Apt. #, Etc.: ~~Unit.489~~

City: Miami, | State: FL | Zip Code: 33186

8. I, 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.

Signature of Registered Agent _____ Date 2/15/05
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (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
Sec./T	Nancy C. Lopez	15629 SW 104 ST #489	Miami, FL 33186
Pres.	Luis A Lopez	14629 SW 104 ST #489	Miami, FL 33186
		700047350837 02/28/05--01007--020 **300.00	

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 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: _____ 2/15/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Luis A Lopez /President
Daytime Phone # 305-321-5428

CR2E081 (01/04)