PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000001989

1. Corporation Name
THE RUBINI CORPORATION

REINSTATEMENT 04

2. Principal Office Address	3. Mailing Office Address
1108 Kane Concourse	1108 Kane Concourse
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.: Suite 310
City & State: Bay Harbor Islands, FL	City & State: Bay Harbor Islands, FL
Zip: 33154 Country: Miami-Dade	Zip: 33154 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: October 30, 1992

5. FEI Number: 65-0374906 ☐ 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: Jay Howard Linn, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1108 Kane Concourse

Suite, Apt. #, Etc.: Suite 310

City: Bay Harbor Islands | State: FL | Zip Code: 33154

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: DEC 27 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
DP	Gianpiero Abellonio	1108 Kane Concourse, Suite 310	Bay Harbor Islands, FL 33154
DST	Jay Howard Linn	1108 Kane Concourse, Suite 310	Bay Harbor Islands, FL 33154

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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: _____ DEC 27 2004 305-866-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #