

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JAN 26 AM 10:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001989**

1. Corporation Name

THE RUBINI CORPORATION

Principal Place of Business

2601 S. BAYSHORE DR.
 SUITE 1425
 MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DR.
 SUITE 1425
 MIAMI FL 33133

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

2. New Principal Office Address, If Applicable

~~101 WASHINGTON AVE~~
~~Suite, Apt. #, etc.~~
~~MGR~~

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

~~MIAMI BEACH, FLA.~~

City & State

Zip

~~33139~~

Country

~~USA~~

Zip

Country

REINSTATEMENT *08-09*

4. Date Incorporated or Qualified To Do Business in Florida	10/30/1992
5. FEI Number	65-0374906
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, S D	RUBINI, GIORGIO GABRIELE	2601 S. BAYSHORE DR., SUITE 1425 101 WASHINGTON AVE, MGR.	MIAMI FL 33133 MIAMI BEACH, FL. 33139
0	FREEMAN, ROBERT A.	2601 S. BAYSHORE DR. SUITE 1425	MIAMI FL 33133
VB	RUBINI, GIORGIO	2601 S. BAYSHORE DR. SUITE 1425	MIAMI FL 33133
			500002761835--9 -02/02/99-01058-007 ****750.00 ****750.00 500002761835--9 -02/02/99-01058-008 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

7
FREEMAN, ROBERT A
2601 S. BAYSHORE DR.
SUITE 1425 / 250
MIAMI FL 33133

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 4, 1998

Date

305-858-3242
 Daytime Phone #

CR2E040 (9/98)