

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 30 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000001989
1. Corporation Name
THE RUBINI CORPORATION

2. Principal Office Address 1108 Kane Concourse		3. Mailing Office Address 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

REINSTATEMENT

04

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

jr

7. Name and Address of Current Registered Agent

Name
Jay Howard Linn, Esq.

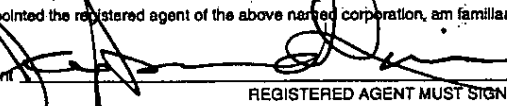
Street Address (P.O. Box Number is Not Acceptable)
1108 Kane Concourse

Suite, Apt. #, Etc.
Suite 310

City
Bay Harbor Islands

State FL	Zip Code 33154
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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

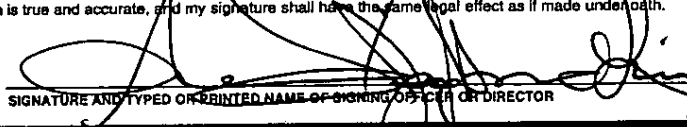
CR2E081 (01/04)

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:  Date **DEC 27 2004** 305-866-8700

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

X