2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 16 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

11292004 REIN-P CR2E098 (6/04)

DOCUMENT # 114215

1. Entity Name
RUBIN IRON WORKS, INC.

Principal Place of Business	Mailing Address
608 CARMEN ST PO BOX 3333 JACKSONVILLE, FL 32206	608 CARMEN ST PO BOX 3333 JACKSONVILLE, FL 32206

2. Principal Place of Business	3. Mailing Address
608 Carmen St.	PO. Box 3333
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville Fl
Zip: 32206 / Country: Duval	Zip: 32206 / Country: Duval

4. FEI Number: 59-0430120 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIE, SHIRLEY R 3645 RUBIN RD. JACKSONVILLE, FL 32257	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Shirley R. Davie — 12-13-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DAVIE, SHIRLEY R	NAME	
STREET ADDRESS	3645 RUBIN RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	DAVIE, GRACE C	NAME	
STREET ADDRESS	4811 WILDDOVE DR	STREET ADDRESS	4811 WILD DOVE LANE
CITY-ST-ZIP	SARASOTA, FL 34332	CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	300043138363
CITY-ST-ZIP		CITY-ST-ZIP	12/02/04--01059--016 **750.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen Davie, V.Pres — 11-29-04 — (904) 650-7170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #