

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 640029

1. Corporation Name

R.B.R. CORPORATION

Mailing Address

Principal Place of Business

87 WEST MCINTYRE ST.  
KEY BISCAYNE, FL. 33149

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

2. New Mailing Address, If Applicable

901 PONCE DE LEON BLVD.,

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
501

City & State

CORAL GABLES, FLORIDA

City & State

Zip  
33134

Country  
DADE

Zip

Country

REINSTATEMENT

94-00

4. Date Incorporated or Qualified  
To Do Business in Florida.

7/30/79

5. FEI Number

65-0973520

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	BARNOYA-RUIZ, ROBERTO	604 CRANDON BLVD. #201	KEY BISCAYNE, FL. 33149
V.P.D.	IRIONDO, SYLVIA G.	881 OCEAN DR. #22B	KEY BISCAYNE, FL. 33149
S.D.	IRIONDO, ANDRES J.	881 OCEAN DR. #22B	KEY BISCAYNE, FL. 33149

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\*\*\*1650.00 \*\*\*1650.00

8. Name and Address of Current Registered Agent

SALAAA. ROSEMARY  
50 WEST MASHTA DR #2 --  
KEY BISCAYNE, FL. 33149

9. Name and Address of New Registered Agent

Name

IRIONDO, ANDRES J.

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

901 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

501

City

CORAL GABLES, FL.

State

FL

Zip Code

33134

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

*Andres J. Iriondo*  
REGISTERED AGENT MUST SIGN

Date

8/1/00

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Andres J. Iriondo* ANDRES J. IRIONDO Sec/D 8/1/00 305-445-0611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)