

# F21000005275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

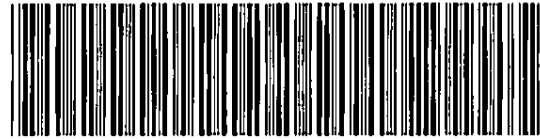
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600420633096

2023 DEC 27 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 DEC 27 AM 11:18  
DIRECTOR'S OFFICE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 03 2024

D CUSHING



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/27/23  
Order #: 1358521-2  
Re: Rebura Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTH'.

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2023 DEC 27 AM 9:27  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rebura Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F21000005275

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lewis Miller

\_\_\_\_\_  
(Name of Person)

Rebura Inc.

\_\_\_\_\_  
(Firm/Company)

Suite 1100, 2001 Market Street

\_\_\_\_\_  
(Address)

Philadelphia, PA 19103

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

David J. Liebman, Esq.

at ( 215 ) 253-6406

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Rebura Inc.

\_\_\_\_\_  
(Name of Corporation)

F21000005275

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware, July 30, 2021

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

Suite 1100, 2001 Market Street

\_\_\_\_\_  
(Mailing Address)

Philadelphia, PA 19103

\_\_\_\_\_  
(City/ State /Zip)

RECEIVED  
2023 DEC 27 AM 8:27  
CORPORATION  
STATE OF FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*/s/ Lewis Miller*

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

December 22, 2023

\_\_\_\_\_  
(Date)

Lewis Miller

\_\_\_\_\_  
(Typed or printed name of person signing)

Director

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**