

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # F96000005502**

1. Corporation Name

**RUBIN BROTHERS, INC.**

Principal Place of Business

Mailing Address

~~8111 PRESTON ROAD~~  
~~SUITE 715~~  
~~DALLAS TX 75225~~

~~8111 PRESTON ROAD~~  
~~SUITE 715~~  
~~DALLAS TX 75225~~

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

2. New Principal Office Address, If Applicable  
**5600 Bucknell Dr. SW**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**5600 Bucknell Dr. SW**  
Suite, Apt. #, etc.

City & State  
**Atlanta GA**  
Zip **30336** Country **USA**

City & State  
**Atlanta GA**  
Zip **30336** Country **USA**

**REINSTATEMENT 98**

4. Date Incorporated or Qualified To Do Business in Florida

**10/23/1996**

5. FEI Number

**58-2265497**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
SD	STUART, DANIEL B	25 HIGHLAND PARK VILLAGE, STE 10	DALLAS TX
SD	LONGINO JR, JOSEPH B	8111 PRESTON ROAD, STE 715	DALLAS TX
CD	CARY RUBIN	5600 BUCKNELL DR	ATLANTA, GA
PD	RALPH KAHN		
TS	DAVID F GADECKI		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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**

**JENNIFER FAULTMAN**  
**ASSISTANT SECRETARY**

Date

**12-31-98**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID F. GADECKI**

**12/30/98**  
Date

**(404) 348-6900**  
Daytime Phone #

CR20040 (0/08)