

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1534220235873

DOCUMENT # H81236

1. Corporation Name

Jack Rubin, DD, P.A.

2. Principal Office Address

11601 Onaway Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

11601 Onaway Dr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

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

10/1/85

5. FEI Number

59-2509357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jack Rubin

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

11601 Onaway Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

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

Jack Rubin

Date 10/1/04

REGISTERED AGENT MUST SIGN

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

P

Jack Rubin

11601 Onaway Dr.

Miami, FL 33133

400041679184
10/07/04--01069--011 **450.00

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:

Jack Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/04

Date

305.253.9031

Daytime Phone #

CR2E081 (01/04)

2 of 2

SHENKMAN & NEWMAN, C.P.A., P.A.
Certified Public Accountants

12515 North Kendall Drive, Suite 314
Miami, Florida 33186-1870
Telephone: 305-271-8585 Fax: 305-271-8877
305-271-9298

PHILIP SHENKMAN, C.P.A.
BRUCE NEWMAN, C.P.A.

September 17, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

H81236

Re: Jack Rubin, O.D. P.A.
FEI: 59-2569357
Document #: H81236

Dear Sir/Madam:

Enclosed please find a check in the amount of \$450, as full payment for the 2002, 2003 and 2004 Uniform Business Report. The bank told the above referenced taxpayer that his corporation has been inactive since 2002. Taxpayer never received any notice that his corporation would be dissolved; therefore we are requesting that you abate all penalties, accept the enclosed check as full payment and reinstate the above referenced corporation.

If you have any questions, please contact my office

Sincerely,
SHENKMAN & NEWMAN, C.P.A., P.A.

Philip Shenkman

Philip Shenkman
Certified Public Accountant

PS/kmd

Enclosure

CC: Jack Rubin, O.D., P.A.

Member:

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
Nevada Institute of Certified Public Accountants