

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # J44088

1. Corporation Name  
J. Rubinton Properties, Inc.

Principal Place of Business Mailing Address

26445 Brick Lane  
Bonita Springs, Florida 34134

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

2. New Principal Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, if Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 11/21/86

5. FEI Number 59-2740649 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
P/D	Jon Rubinton	26445 Brick Lane	Bonita Springs, FL 34134

~~800002975210~~  
~~-08/31/99--01085--004~~  
~~\*\*\*1050.00 \*\*\*1050.00~~

8. Name and Address of Current Registered Agent

Thomas B. Garlick, Esq.  
ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN, P.A.  
8889 Pelican Bay Boulevard, Ste. 300  
Naples, Florida 34108

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent: Thomas B. Garlick REGISTERED AGENT MUST SIGN Date: 8-19-99

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the name of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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:  Jon Rubinton 941-947-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REINSTATEMENT 07-99

CR2040 (1/98)