

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 12:29

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007182

Name and Mailing Address

0017478 01 FP 0.352 \*\*PRSR T4 0 0615 33308

RUBELJ, L.L.C.  
#914, 4010 GALT OCEAN DR.  
FORT LAUDERDALE FL 33308

400025201594  
12/01/03--01006--013 \*\*150.00



2. New Mailing Address

509 ISLE OF CAPRI

City, State, Zip

FORT LAUDERDALE FL 33301

Principal Place of Business

#914, 4010 GALT OCEAN DR.  
FORT LAUDERDALE FL 33308

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/07/2001

6. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

RUBELJ, IVAN  
~~4010 GALT OCEAN DRIVE #914~~  
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

RUBELJ IVAN

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

509 ISLE OF CAPRI

City

FORT LAUDERDALE FL

Zip Code

33301

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12 01 03

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager         | City / State / Zip                           |
|----------|--------------------------------------|---|--|
| MGRM     | RUBELJ, IVAN                         | <del>#914, 4010 GALT OCEAN DR.</del><br>509 ISLE OF CAPRI | FORT LAUDERDALE FL <del>33308</del><br>33301 |
|          |                                      |   |  |
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|          |                                      |   |  |

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

SIGNATURE REQUIRED

Date 12 01 03

Daytime Phone # 954 465 8762

Typed or printed name of signing Managing Member/Manager

RUBELJ IVAN

CR2EC84 (7/03)