

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 14 AM 6:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000005120

1. Corporation Name

RUBICON INC

400093255604
03/16/07--01015--030 **376.25

REINSTATEMENT
CRZ081 (1/07) 02-07

2. Principal Office Address - No P.O. Box #

16275 SW 88st.

Suite, Apt. #, etc.

#132

City & State

MIAMI

Zip

33196

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/02

5. FEI Number

22-3954359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KETLYNE ALEXIS

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

9716 SW 147CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kaleen

Date

03/08/07

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
<u>D</u>	<u>KETLYNE ALEXIS</u>	<u>9716 SW 147CT</u>	<u>MIAMI FL 33196</u>
<u>D</u>	<u>STANLEY ALEXIS</u>	<u>9716 SW 147CT</u>	<u>MIAMI FL 33196</u>
<u>D</u>	<u>JASON THOMPSON</u>	<u>9716 SW 147 CT</u>	<u>MIAMI FL 33196</u>

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 contained in Chapter 119, 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:

Kaleen

KETLYNE ALEXIS

03/8/07

305-383-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #