

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 OCT 13 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088250

1. Corporation Name

DUBLIN BAY CORP.

2. Principal Office Address - Not P.O. Box #

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

2600 Douglas Road

Suite, Apt. #, etc.

Suite 1100

City & State

Coral Gables, FL

Zip

33134

Country

USA

200136984422
10/16/08--01044--005 **450.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 9/18/2000

5. FEI Number
651047287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ 18.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE L. GURIAN

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

2600 Douglas Road

Suite, Apt. #, Etc.

Suite 1100

City

Coral Gables

State

FL

Zip Code

33134

☒ 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

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	RORY CAREY	2600 Douglas Road Suite 1100	Coral Gables, FL 33134

REINSTATEMENT

05-08
JSS

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:

Rory Carey

RORY CAREY

10/10/2008

305-279-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #