

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000047793**

1. Corporation Name

THE RUBIA CORPORATION

Principal Place of Business

Mailing Address

~~4859 SW 147TH PL~~
MIAMI FL 33185

~~4859 SW 147TH PL~~
MIAMI FL 33185



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

80 SW 8 ST.

80 SW 8 ST.

Suite, Apt. #, etc.
Ste 3100

Suite, Apt. #, etc.
Ste 3100

City & State
MIAMI, FLA

City & State
MIAMI, FLA. 33130

Zip
33130 Country
U.S.A.

Zip
33130 Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/2001

5. FEI Number

Applied For

65-1142566

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MACHADO, JESUS	4859 SW 147TH PL	MIAMI FL 33185

500008980025

11/14/02--01012--017 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEFELER, GEORGE ESQ
80 SW 8TH ST., STE. 3100
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

11. 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:

SIGNATURE REQUIRED
MACHADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 536
8856

CR2040 (8/02)