

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2010 MAY 11 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900180714409  
05/11/10--01007--016 \*\*450.00

CR2E081 (12/08) 08-10

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000067955

1. Corporation Name

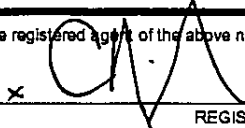
RUBIDO'S BUS SERVICE, CORP.

<b>2. Principal Office Address - No P.O. Box #</b> 1835NW 112 AVE		<b>3. Mailing Office Address</b> 1835NW 112 AVE	
Suite, Apt. #, etc. SUITE: 178		Suite, Apt. #, etc. SUITE: 178	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33172	Country USA	Zip 33172	Country USA

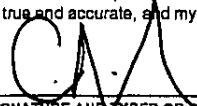
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	07/10/2001
<b>5. FEI Number</b>	65-0852416
<b>6. CERTIFICATE OF STATUS DESIRED</b>	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

<b>7. Name and Address of Current Registered Agent</b>			
Name CARLOS RUBIDO			
Street Address (P.O. Box Number is Not Acceptable) 1835 NW 112 AVE			
Suite, Apt. #, Etc. SUITE: 178			
City MIAMI	State FL	Zip Code 33172	

<b>PROFIT CORPORATIONS ONLY</b>
<input checked="" type="checkbox"/> The \$600.00 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.
<b>REINSTATEMENT</b>

<b>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.</b>	
Signature of Registered Agent 	Date 05/10/10

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	CARLOS RUBIDO	1835 NW 122 AVE STE: 178	MIAMI FL 33172
VP	MARIA RUBIDO	1835 NW 122 AVE STE: 178	MIAMI FL 33172

<b>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.</b>	
SIGNATURE: 	Date 05/10/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

May 11 2010