

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 11 AM 6:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000051372

1. Corporation Name

RUBIERA CORPORATION

2. Principal Office Address - No P.O. Box #
901 PONCE DE LEON BLVD.

3. Mailing Office Address
901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.
SUITE 501

Suite, Apt. #, etc.
SUITE 501

City & State
CORAL GABLES, FLORIDA

City & State
CORAL GABLES, FLORIDA

Zip Country
33134 MIAMI DADE

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33134 MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
90-0100456

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/08)

7. Name and Address of Current Registered Agent

Name
ANDRES J IRIONDO

Street Address (P.O. Box Number is Not Acceptable)
901 PONCE DE LEON BLVD

Suite, Apt. #, Etc.
SUITE 501

City State Zip Code
CORAL GABLES, FL 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 *Andres J. Iriondo*

Date 06/08/09

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
DP	ALFREDO RIVERO E	901 Ponce de Leon Blvd. Suite 501	Coral Gables, FL 33134
DVP	ISABEL C ALVAREZ ANTON	901 Ponce de Leon Blvd. Suite 501	Coral Gables, FL 33134
DT	MARIA A ALVAREZ ANTON	901 Ponce de Leon Blvd. Suite 501	Coral Gables, FL 33134
AS	ANDRES J IRIONDO	901 Ponce de Leon Blvd. Suite 501	Coral Gables, FL 33134
REINSTATEMENT		RH	500157043025 06/11/2009--01055--013 **1350.00

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: *Andres J. Iriondo*

Date 06/08/09

305-445-0611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #