

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:28

DOCUMENT # P04000156424

1. Corporation Name

RUBENS FERREIRA CORP

REINSTATEMENT 05-06

2. Principal Office Address

22667 SW 65TH CIRCLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33428

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/2004

5. FFL Number

20-1885389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

RUBENS S FERREIRA

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

22667 SW 65TH CIRCLE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33428

000082285530
12/05/06 01011-010 ***300.00

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

Rubens Ferreira

Date 11/29/2006

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
P,D	RUBENS S FERREIRA	22667 SW 65TH CIRCLE	BOCA RATON, FL 33428
VP,D	VERGILIO GONÇALVES	22667 SW 65TH CIRCLE	BOCA RATON, FL 33428
S,D	LEONE A. DE SOUZA	22667 SW 65TH CIRCLE	BOCA RATON, FL 33428

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:

Rubens Ferreira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/2006

Date

(561) 305 0798

Daytime Phone #

2 of 2

22667 SW 65TH CIRCLE
BOCA RATON, FL 33428

November 29, 2006

RE: **RUBENS FERREIRA, CORP.**
P04000156424

DEAR STATE DEPARTMENT,
Attn: REINSTATEMENT SECTION

PLEASE WAIVE MY LATE FEE BECAUSE I HAVE NEVER RECEIVED THE ANNUAL REPORT NOTICES IN MY HOUSE. THIS IS THE FIRST TIME THAT I DEAL WITH THIS KIND OF PROBLEMS, I AM STILL KIND OF NEW WITH THE PAPERWORK. I WAS VERY SURPRISED TO KNOW THAT MY CORPORATION WAS INACTIVE. PLEASE, CONSIDER MY CASE AND WAIVE THE LATE FEE. THANK YOU.

SINCERELY,


RUBENS S. FERREIRA