PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUN 15 PM 4:17
TALLAHASSEE, FLORIDA

DOCUMENT # P05000119474

1. Corporation Name
Rebenque Corp.

400182094254
06/15/10--01013--015 **1050.00
REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2875 NE 191 St	2875 NE 191 St
Suite, Apt. #, etc.: 801	Suite, Apt. #, etc.: 801
City & State: Aventura	City & State: Aventura
Zip: 33180 / Country: USA	Zip: 33180 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/29/2005

5. FEI Number: 900263677 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Daniel Serber, Esq.

Street Address (P.O. Box Number is Not Acceptable): 2875 NE 191 St

Suite, Apt. #, Etc.: 801

City: Aventura | State: FL | Zip Code: 33180

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 _____ Date 06/08/2010
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
D	Tonconogy Juan	2875 NE 191 St #801	Aventura, Fl 33180
D	Tonconogy Julia	2875 NE 191 St #801	Aventura, Fl 33180

10. **E-mail Address:** info@serberlawfirm.com
(To be used for future annual report notification)

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. I further certify 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: _____ 06/08/2010 305.932.6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/16 ao