

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 PM 12:13

DOCUMENT # **P10666**

1. Corporation Name

R.B.I. Holding Company, Inc.
f/k/a Rubin Brothers, Inc.

W00-18255

2. Principal Office Address

15201 Roosevelt Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

Same

City & State

City & State

Clearwater, FL

Same

Zip

33760

Country

USA

Zip

Same

Country

Same

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/58

5. FEI Number

58-0708355

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 97-00

7. Name and Address of Current Registered Agent

Name

Leslie A. Rubin

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

15201 Roosevelt Blvd.

Suite, Apt. #, Etc.

Suite 112

City

Clearwater

State
FL

Zip Code
33760

300003351383-6

08/09/00-01097-002

*****1208.75 ***1208.75**

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

Leslie A. Rubin

Date

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
CEO	Myer Rubin	5600 Bucknell Dr. SW	Atlanta, GA 30336
Pres.	Ralph Kahn	5600 Bucknell Dr. SW	Atlanta, Ga 30336
Chairman of Board	Cary E. Rubin	5600 Bucknell Dr. SW	Atlanta, GA 30336
Sec.	Cary E. Rubin	5600 Bucknell Dr. SW	Atlanta, GA 30336
V.P.	Jerald L. Rubin	5600 Bucknell Dr. SW	Atlanta, GA 30336
V.P.	Leslie Rubin	15201 Roosevelt Blvd Suite 112	Clearwater, FL 33760

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 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:

Leslie A. Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-13-00

Daytime Phone #

727 530 0021