

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *98-99*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000001989**

1. Corporation Name

THE RUBINI CORPORATION

Principal Place of Business

2601 S. BAYSHORE DR.
SUITE 1425
MIAMI FL 33133

Mailing Address

2601 S. BAYSHORE DR.
SUITE 1425
MIAMI FL 33133

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

101 WASHINGTON AVE

Suite, Apt. #, etc.

MGR

City & State

MIAMI BEACH, FLA.

Zip
33139

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1992

5. FEI Number

65-0374906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P, S D</i>	<i>RUBINI, GIORGIO GABRIELE</i>	<i>2601 S. BAYSHORE DR., SUITE 1425 101 WASHINGTON AVE, MGR.</i>	<i>MIAMI FL 33133 MIAMI BEACH, FL. 33139</i>
<i>-B-</i>	<i>FREEMAN, ROBERT A.</i>	<i>2601 S. BAYSHORE DR. SUITE 1425</i>	<i>MIAMI FL 33133</i>
<i>VB-</i>	<i>RUBINI, GIORGIO</i>	<i>2601 S. BAYSHORE DR. SUITE 1425</i>	<i>MIAMI FL 33133</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<i>1</i> <i>FREEMAN, ROBERT A</i> <i>2601 S. BAYSHORE DR.</i> <i>SUITE 1425 / 1450</i> <i>MIAMI FL 33133</i>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

December 4, 1998
Date

305-858-3242
Daytime Phone #

FILED

99 JAN 26 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *98-99*