

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 JAN 26 AM 10:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001989**

1. Corporation Name  
**THE RUBINI CORPORATION**

Principal Place of Business Mailing Address  
 2601 S. BAYSHORE DR. 2601 S. BAYSHORE DR.  
 SUITE 1425 SUITE 1425  
 MIAMI FL 33133 MIAMI FL 33133

**REINSTATEMENT** *08-09*

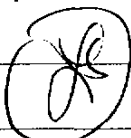


If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>101 WASHINGTON AVE</b>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>10/30/1992</b>	
Suite, Apt. #, etc. <b>MGR</b>		Suite, Apt. #, etc.		5. FEI Number <b>65-0374906</b>	
City & State <b>MIAMI BEACH, FLA.</b>		City & State		Applied For Not Applicable	
Zip <b>33139</b>	Country <b>USA</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P, S D	RUBINI, <del>GIORGIO</del> GABRIELE	<del>2601 S. BAYSHORE DR., SUITE 1425</del> 101 WASHINGTON AVE, MGR.	MIAMI FL 33133 MIAMI BEACH, FL. 33139
<del>OFF</del>	FREEMAN, ROBERT A.	<del>2601 S. BAYSHORE DR. SUITE 1425</del>	MIAMI FL 33133
<del>VP</del>	RUBINI, GIORGIO	<del>2601 S. BAYSHORE DR. SUITE 1425</del>	MIAMI FL 33133



500002761835--9  
 -02/02/99-01058-007  
 \*\*\*\*750.00 \*\*\*\*750.00  
 500002761835--9  
 -02/02/99-01058-008  
 \*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
<b>FREEMAN, ROBERT A</b> 2601 S. BAYSHORE DR. SUITE 1425 / 250 MIAMI FL 33133		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State <b>FL</b>	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: *Rubini Gabriel* December 4, 1998 305-858-3242  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)