ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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| APPLICATION |
| FOR |
| REINSTATEMEN |
| DÖCUMENT # 1. Corporation Name |
| JEFFREY E. RUBI |
| Principal Place of Business |
| 4390 PALM BEACH BLVD. FT. MYERS FL 33905 |



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State RPORATIONS

| | DIVISION OF CORPORA |
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| If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, if Applicable 2. New Mailing Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date Incorporated or 70 D0 Business in Fix Julie, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 5. FEI Number 6. CERTIFICATE OF STATE 6. CERTIFICATE OF STATE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4. D RUBIN, JETTREY E 10689 New Bonflow Block 8. Name and Address of Current Registered Agent Name | REINSTATEMENT 1996 REINSTATEMENT 1996 REINSTATEMENT 1996 REINSTATEMENT 1996 A Date Incorporated or Quelfied To Do Business in Florida Suite, Apt. 4, etc. City & State City & State Country Cor Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/of Director (Do NOT Use Post Office Box Numbers) A City State / City St | | | | | TALLAHASSEE, FLORIDA | | | |
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| 12G89 NewBrittan Blud FA 4 EDEDE 8. Name and Address of Current Registered Agent 9. Name and Address of Name | Iacsq NewBritan Blue Filmers Plasquo | Title(s) Name of and/or D | Officers | Street Officer | Address of Each | 4 | or of the state of the state of the | | |
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| | City State: Zip Code 1996 (1996) | • | | _ | * 1 | 200 (100 m) (1 | Code Zin Code (Trus) | | |
| O. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05 | | a I have consisted the registered nos | and the share aspect | , and the second | • | | | | |
| gnature of egistered Agent Date Date | | | | | | 48.2 | 的复数 人名巴克克 医神经神经病 医皮肤炎 | | |
| REGISTERED AGINT MUST SIGN | The state of the s | Does this corporation Dept. of Revenue up | in pay any inta nder S. 199.03 | Ingible tax to the | as Vas X N | , [S | | | |
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| Date PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE | | this reinstatement application, the rea owed by the corporation have been p | ison for dissolution has b oald and the names of Inc | been eliminated, the corporate idividuals listed on this form d | le name satisfies the require so not qualify for an exempt | rements of section 607.040 | 01 or 617.0401. E.S.: that all face 🛷 | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Dept. of Revenue under S. 199.032, Florida Statutes. Yes No | any intangible tax to the 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) No on intangible tax.) No on intangible tax.) No on intangible tax.) No on intangible tax.) | _ | _ | - | T | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Dept. 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 of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section on this application is true and accurate, and my signature shall have the same lagal effect as if made under oath. | any intangible tax to the 199.032, Florida Statutes. Yes No (See other side for information on intangible lax.) No of trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing olution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all less names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated gnature shall have the same legal effect as it made under oath. | | Address second | ACS PONE A BANCO I | | | k 6 | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Dept. It contify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section on this application is true and accurate, and my signature shall have the same lagal effect as if made under oath. | Any intangible tax to the 199.032, Florida Statutes. Yes No See other side for information on intangible lax.) No Fig. 199.032, Florida Statutes. Yes No See other side for information on intangible lax.) No Fig. 199.032, Florida Statutes. Yes No See other side for information on intangible lax.) No See other side for information on intangible lax.) No See other side for information on intangible lax.) | SINATURE SININ | MILERE | A FM (MAI | Fire LEO | L' DE DA 191 | 46 000 100 100 | | |