

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 10 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 196000005657

1. Corporation Name

RUMBANT & COMPANY, INC.

2. Principal Office Address

1060 STILLWATER DRIVE

3. Mailing Office Address

1060 STILLWATER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33141

Country

U.S.A.

Zip

33141

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

11-16-1996

5. FEI Number

65-0641633

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

JULIO RUMBANT

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

1060 STILLWATER DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33141

000004743500--3

12/31/01-01008-005

***750.00 ***750.00

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

12/6/01

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
CHAIRMAN PRESIDENT	JULIO RUMBANT	1060 STILLWATER DRIVE	MIAMI BEACH, FL 33141

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(2)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/01 305-868-0000

CR2081 (8/00)