

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**98-79AR**  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 JUL 14 PM 1:36  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 97000099130

1. Corporation Name

**B.G. RUBIN & ASSOC. INC.**

Principal Place of Business

Mailing Address

**5636 NW 39 AVE  
BOCA RATON FL 33496**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

**09/10/97**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0771547**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
<b>PRES.</b>	<b>BRIAN RUBIN</b>	<b>5636 NW 39 AVE BOCA RATON, FL 33496</b>	<b>500002942675--1 -07/27/99--01043--002 ****300.00 ****300.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BRIAN RUBIN**

Name

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

**5636 NW 39 AVE**

Suite, Apt. #, Etc.

City

**BOCA RATON**

State

Zip Code

**FL**

**33496**

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 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 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. 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

**BRIAN RUBIN**

**7/9/99**

Date

Daytime Phone #

CR2E08 (12/98)