

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
2000 UBR



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

DOCUMENT # P99000044676

1. Corporation Name

RUBICON ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

12200 N.E. 14TH AVENUE
NORTH MIAMI FL 33161

12200 N.E. 14TH AVENUE
NORTH MIAMI FL 33161

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1999

5. FEI Number

65-0919143

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	BANNER, JOHN	1110 BRICKELL AVENUE SUITE 504	MIAMI FL 33131
VD	ROTUNDO, ROXANNA	1110 BRICKELL AVENUE SUITE 504	MIAMI FL 33131
			400003499684--9 -12/13/00--01065--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEDARD, DENNIS R
1717 N BAYSHORE DRIVE #102
MIAMI FL 33132

Name

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

Suite, Apt. #, Etc.

City

State
FL

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 REQUIRED~~
REGISTERED AGENT MUST SIGN

Date

10/23/00

11. 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 REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/00 305

Daytime Phone #

KE

305 895 9625

CR2E040 (800)

202

DENNIS R. BEDARD

ATTORNEY AT LAW

SUITE 102

1717 N. BAYSHORE DR.

MIAMI, FLORIDA 33132

TEL (305) 530-0795

FAX (305) 530-9587

E-MAIL: DBLAW@worldnet.att.net

October 24, 2000

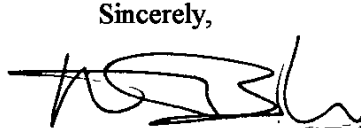
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Rubicon Entertainment, Inc.
P99000044676

Dear Sir or Madam:

I received the enclosed notice of administrative dissolution. My client never received the original notification. I do not know if it was sent to the Brickell Avenue address or the address in North Miami. My client changed business addresses and I believe the original notice was sent to the old address. I am enclosing a check for \$150.00. I would appreciate it if you could call me to discuss this matter. Thank you for your help.

Sincerely,



Dennis R. Bedard