

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700009423787

12/03/02--01105--005 **750.00



REINSTATEMENT 02

DOCUMENT # P99000084281

1. Corporation Name

RUBAL & YERN INVESTMENTS, INC.

Principal Place of Business

Mailing Address

5501 3RD AVE., APT. 251
STOCK ISLAND, KEY WEST FL 33040

5501 3RD AVE., APT. 251
STOCK ISLAND, KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

7920 West Dr Unit #17

Suite, Apt. #, etc.

North Bay Village

City & State

Zip

33141

Country

FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

5. FEI Number

65-0958589

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RUBAL LOPEZ, RICARDO E	5501 3RD AVE., APT. 251	STOCK ISLAND, KEY WEST FL 33040
VST	GOMEZ, VIVIAN Y	5501 3RD AVE., APT. 251	STOCK ISLAND, KEY WEST FL 33040

8. Name and Address of Current Registered Agent

EDUARDO RIUSECH, P.A.
10030 S.W. 40ST ST
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name

Deborah Yern

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

7920 West Dr Unit #17

Suite, Apt. #, Etc.

City

North Bay Village

State

FL

Zip Code

33141

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. or 617.0505, F.S.

Signature of
Registered Agent X

Deborah Yern
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-4-02

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

Daytime Phone #

CP2E040 (8/02)