

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000110276**

1. Corporation Name

FRANK RUBINO, INC.

Principal Place of Business

Mailing Address

~~1000 SE 4 ST~~

~~1000 SE 4 ST~~

~~# 107~~

~~# 107~~

~~FT LAUDERDALE FL 33301~~

~~FT LAUDERDALE FL 33301~~

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

2. New Principal Office Address, If Applicable

1702 NE 40th St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1702 NE 40th St

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip

33334

Country

US

City & State

Oakland Park, FL

Zip

33334

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1999

5. FEI Number

65-0966041

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
D	RUBINO, FRANK	1000 SOUTHEAST 4 STREET #107 1702 NE 40th St	FT LAUDERDALE FL 33301 Oakland Park FL 33334

600024169926
10/27/03--01078--010 **150.00

8. Name and Address of Current Registered Agent

RUBINO, FRANK

~~1000 SE 4 ST~~

~~# 107~~

~~FT LAUDERDALE FL 33301~~

1702 NE 40 St

Oakland Park, FL 33334

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/21/03**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

954-295-9382

Daytime Phone #

CR2040 (7/03)

10/21/03

Dear Department of State,

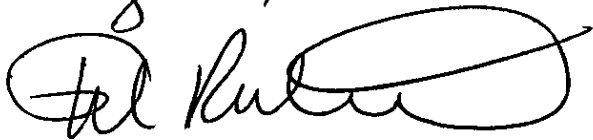
I never received my forms in the mail.

Enclosed is my reinstatement form and a check for \$150.00.

My new address is: 1702 NE 40th St
Oakland Park, FL 33334

Thank you for all your help.

Regards,

A handwritten signature in black ink, appearing to read 'Frank Rubino', with a large, sweeping loop at the end.

Frank Rubino

65-0966041