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~~ ~~# 107~~ ~~FT LAUDERDALE FL 33301~~	~~1000 SE 4 ST~~ ~~# 107~~ ~~FT LAUDERDALE FL 33301~~

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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1702 NE 40th St	1702 NE 40th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Oakland Park, FL
Zip: 33334 Country: US	Zip: 33334 Country:

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~~ 1702 NE 40 St
~~# 107~~ Oakland Park, FL 33334
~~FT LAUDERDALE FL 33301~~

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

CR2E040 (7/03)

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 _____ Date 10/21/03
REGISTERED AGENT MUST SIGN

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: _____ 10/21/03 954-295-9382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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 addres is: 1702 NE 40th St
Oakland Park, FL 33334

Thank you for all your help.

Regards,

Frank Rubino
65-0966041