PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORAT REINSTATEM | | | Secretar | TMENT OF STATE by of State corporations | | FILED 10 FEB 25 AM 9: 06 | |
|---|-------------------------|---------------------------|-----------------------------------|---|--|--|--|
| DOCUMENT # V39781 1. Corporation Name | | | | | ALLAHASSEE.FLORIDA | | |
| Richard L Rubino, P.A. | | | | | 70 | 700163976907 02/25/1001037003 **150.00 | |
| W09-53814 | | | | | 700163976907 12/28/0901034009 **300.00 | | |
| 2. Principal Office Addr 301 W Atlar | 3. Mailin | 3. Mailing Office Address | | | DE INGREE0814(11/09) | | |
| Suite, Apt. #, etc. | Suite, Apt | Suite, Apt. #, etc. | | | 4. Date Incorporated or Qualified To Do Business in Florida 03/14/1995 | | |
| City & State Delray Be | City & Sta | City & State | | 5. FEI Number Applied For Not Applicable | | | |
| ^{Zip} 33444 | Country | Zip | | Country | 6. | OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| Name Richard L Rubino Street Address (P.O. Box Number is Not Acceptable) 301 W Atlantic Ave Suite, Apt. #, Etc. | | | | | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the rejectatement. | | |
| O-8 | | | | | received and requesting the reinstatement fee be waived. | | |
| Delray Beach State Zip Code FL 33444 | | | | | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607. Signature of Registered Agent Registered Agent REGISTERED AGENT MUST STON | | | | | | on 607.0505 or 617.0503, V.S. Date | |
| 9. Names and Street Addresses of Each Officer and/or Director (Flonda nonprofit corporations must list at least 3 directors) | | | | | | | |
| Titles Name of Street Address of Eacl Officers and/or/Directors Officer and/or Director | | | | | h or | City / State / Zip | |
| PRES. Liked Kuben 3/W. allout | | | | | cichue " | behan Bor, Pl. | |
| | #0-8 loling t | | | | | 334(4) | |
| | | | | | | M. MILLIGAN | |
| | | | | | | EXAMINER | |
| | | | | | | MAR - 3 2010 | |
| | | | | • | | . , | |
| 10. E-mail Address: rickrubino@gmail.com (To be used for future annual report | | | | | notification) | | |
| this reinstatement ap | plication, the/reason f | or dissolution has be | e empowered to een eliminated, | o execute this application as the corporate name satisfies | provided for in chap the requirements of and accurate, and | pter 607 or 617, F.S. I further certify that when filing of sectiony607.0401 or 617.0401, F.S., that all fees in my signature shall have the same legal effect as if | |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #