

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 17 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V57876

1. Corporation Name

RUBAC, INC.

2. Principal Office Address

c/o 2900 N.W. 7th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

U.S.

3. Mailing Office Address

c/o 2900 N.W. 7th Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33125

Country

U.S.

REINSTATEMENT 08-03

4. Date Incorporated or Qualified
To Do Business in Florida

8/14/92

5. FEI Number

65-0365134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce M. Cease

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

2900 N.W. 7th Street

Suite, Apt. #, Etc.

200017315852
04/29/03--01068--012 ***1500.00

City

Miami

State

FL

Zip Code

33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Bruce M. Cease

REGISTERED AGENT MUST SIGN

Date

4/15/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ruby Bacardi	c/o 2900 N.W. 7th Street	Miami, FL 33125

10. 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:

Ruby Bacardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUBY BACARDI

4/15/03
Date

(305) 682-5231
Daytime Phone #

CR2E081 (10/02)

Charter Number Only

04/16/03

Michael S. Crase

Requestor's Name

2900 NW 757.

Address

Miami, FL 33125

City

State

ZIP

Phone

(305)642-5231

VALIDATION ONLY

CORPORATION(S) NAME

RUBAC, INC.

RECEIVED
03 APR 17 AM 11:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier