

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 27, 2010  
Secretary of State**

DOCUMENT# S81004

Entity Name: ROB-LU CORP.

**Current Principal Place of Business:**

10 EDGE WATER DR  
6H  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

10 EDGE WATER DR  
6H  
CORAL GABLES, FL 33133

**New Mailing Address:**

FEI Number: 65-0454508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

METZLER, LUCYANN  
10 EDGEWATER DR 6H  
CORAL GABLES, FL 33133      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUCYANN METZLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: METZLER, LUCYANN  
Address: 10 EDGEWATER DR 6H  
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUCYANN METZLER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/27/2010

\_\_\_\_\_  
Date