

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000026102**

1. Corporation Name

ROBICO SHUTTERS, INC.

Principal Place of Business

**9108 NORTHWEST 105 WAY
MEDLEY FL 33178**

Mailing Address

**9108 NORTHWEST 105 WAY
MEDLEY FL 33178**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/20/1998

5. FEI Number

65-0821190

Applied For

Not Applicable

8.

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	DI VEROLI, OSCAR	9108 NORTHWEST 105 WAY	MEDLEY FL 33178
VSD	DI VEROLI, BONNIE	9108 NORTHWEST 105 WAY	MEDLEY FL 33178

SP

8. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name
LES KUSHNER

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

4000 HOLLYWOOD BLVD #435 S

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33021

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.

Signature of Registered Agent

Les Kushner

REGISTERED AGENT MUST SIGN

Date **12/3/99**

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:

Alan D. Kushner Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/3/99**

Daytime Phone # **305-863-8010**



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May 27, 1999

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Robico Shutters, Inc.
EIN: 65-0821190
Document # P98000026102

Dear Sir/Madam:

You have requested that we provide our Employer's Identification Number so that you may complete the records on our account.

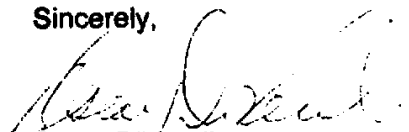
Please note that our Document number is P98000026102, and our corresponding Employer's Identification Number is 65-0821190.

As you have already taken our fees in the amount of \$150, and cashed same on March 29, 1999, we have been informed that no further fees or penalties are due.

Please update your records to reflect the above information so that we remain an active corporation.

If we may be of further assistance, please do not hesitate to contact us.

Sincerely,



Oscar DiVeroli
President

OD:rc