

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 AUG 30 PM 1:53

DOCUMENT #181026

1. Corporation Name

Robey Construction Company, Inc.

2. Principal Office Address - No P.O. Box #

3030 N. Rocky Point Dr.

Suite, Apt. #, etc.

333

City & State

Tampa, Florida

Zip

33607

Country

Hillsborough

3. Mailing Office Address

13014 N. Dale Mabry Hwy

Suite, Apt. #, etc.

214

City & State

Tampa, Florida

Zip

33618

Country

Hillsborough

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1954

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David Robey

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

13014 N. Dale Mabry Hwy

Suite, Apt. #, Etc.

214

City

Tampa

State

FL

Zip Code

33618

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08/30/17--01027--005 **7358.75

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

REGISTERED AGENT MUST SIGN

Date 08/28/2017

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 |
|--------|--------------------------------------|---|----------------------|
| AMBR | David Robey | 13014 N. Dale Mabry Hwy Ste 214 | Tampa, Florida 33618 |
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REINSTATEMENT

AUG 30 2017

R. HUNT

10. E-mail Address: DAVIDR@ROBEYCONSTRUCTIONCOMPANY.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

08/28/2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #