

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 10 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 249185

1. Corporation Name

ROBERT A. CONNOR, INC.

Principal Place of Business

5101 W EAU GALLIE BLVD
MELBOURNE FL 32936-1013

Mailing Address

P.O. BOX 361013
MELBOURNE FL 32936-1013



REINSTATEMENT

09-2000

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1961

5. FEI Number

59-0776433

Applied For

Not Applicable

6.

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
VD	CONNOR, ANN S	3665 PARKWAY DRIVE	MELBOURNE FL 32934
PD D	CONNOR, ROBERT A SR.	3665 PARKWAY DRIVE	MELBOURNE FL 32934
STD	ALLEN, ELIZABETH C	3570 SERENITY LANE	MELBOURNE FL 32934
VPD	CONNOR, ROBERT A J	3400 TURTLEMOUND ROAD	MELBOURNE FL 32934
8000003099198--0 -01/14/00--01076--005 ****300.00 ****300.00 LS			

8. Name and Address of Current Registered Agent

CONNER, ROBERT A SR.
3665 PARKWAY DRIVE
MELBOURNE FL 32934

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert Connor
REGISTERED AGENT MUST SIGN

Date

1/7/00

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:

Robert Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

Date

321-254-2779

Daytime Phone #

CR2E040 (8/99)