

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -5 AM 8:00

DOCUMENT # 339129

1. Corporation Name
Robler Corporation

REINSTATEMENT 03-04

800029256108
02/23/04--01074--017 **750.00

2. Principal Office Address 1606 W. Vine Street Suite, Apt. #, etc.		3. Mailing Office Address 1606 W. Vine Street Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip	Country	Zip	Country
34741	USA	34741	USA

4. Date Incorporated or Qualified To Do Business in Florida		12/18/1968
5. FEI Number	Applied For	
59-1295795	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Additional Fee required for Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name James P. Scheirer		
Street Address (P.O. Box Number is Not Acceptable) 3825 Friars Cove Road		
Suite, Apt. #, Etc.		
City St. Cloud	State FL	Zip Code 34772

800029256108
03/05/04--01069--008 **150.00

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: James P. Scheirer Date: 2-14-04
REGISTERED AGENT MUST SIGN

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
PTVS	James P. Scheirer	3825 Friars Cove Road	St. Cloud, FL 34772
VP	Dennis Mayer	1409 Sugarberry Lane	St. Cloud, FL 34772
T	Steven Scheirer	4016 Nanchez Trace	St. Cloud, FL 34769

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: James P. Scheirer James P. Scheirer 2-14-04 407-847-7098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #