

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 630937

**FILED**  
**Nov 30, 2012**  
**Secretary of State**

**Entity Name:** ROBERT BOYD TOBER, INC.

**Current Principal Place of Business:**

121 GOODLETTE RD  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

2240 SOUTHWINDS DR  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 59-1920023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOBER, ROBERT BOYD  
2240 SOUTHWINDS DR  
NAPLES, FL 34102 US

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

TOBER, ROBERT B  
2240 SOUTHWINDS DR  
NAPLES, FL 34102 US

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: ROBERT B. TOBER

11/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOBER, ROBERT B MD  
Address: 2240 SOUTHWINDS DR  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: TOBER, GAIL L  
Address: 2240 SOUTHWINDS DR  
City-St-Zip: NAPLES, FL 34102

Title: S  
Name: ASHLEY, DONALD A CPA  
Address: 2240 SOUTHWINDS DR  
City-St-Zip: NAPLES, FL 34102

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: ROBERT BOYD TOBER

P

11/30/2012

Electronic Signature of Signing Officer or Director

Date