PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 AM 9:22

DOCUMENT # l61042e1

1. Corporation Name
Robbins & Reynolds, PA

2. Principal Office Address	**3.** Mailing Office Address
9200 S. Dadeland Blvd.	9200 S. Dadeland Blvd
Suite, Apt. #, etc.: #400	Suite, Apt. #, etc.: #400
City & State: Miami FL	City & State: Miami FL
Zip: 33156 Country: USA	Zip: 33156 Country: USA

REINSTATEMENT 9/6-01

4. Date Incorporated or Qualified To Do Business in Florida 2/5/80 SP

5. FEI Number 59-1973944 ☐ 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: Robert A. Robbins, Esq.

400004617474--0
-10/01/01--01030--005
***1500.00 ***1500.00

Street Address (P.O. Box Number is Not Acceptable): 9200 S. Dadeland Blvd

Suite, Apt. #, Etc.: Suite 400

City: Miami, State: FL Zip Code: 33156

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 _____ Date 9/10/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
Pres	Robert A Robbins	9200 S. Dadeland Blvd #400	Miami, Fla 33156
VP	Marc J. Reynolds	9200 S. Dadeland Blvd #400	Miami, Fla 33156
Sec	Juliette A. Robbins	9200 S. Dadeland Blvd #400	Miami, Fla 33156

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: _____ 9/10/01 305-670-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #