

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 24 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

675450

1. Corporation Name

ROBERSON PLUMBING INCORPORATED

2. Principal Office Address

15 Robinwood Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Zip

32779

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/01/80

5. FEI Number

59-2011997

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

Walter H. Roberson, Sr

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

15 Robinwood Drive

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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

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
P	Walter H. Roberson, SR	15 Robinwood Drive	Longwood, FL 32779
VP	Wayne A. Roberson	146 Tarrytown Trail	Longwood, FL 32750

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-21-2001 - 407-8348006

CR2E081 (8/00)

ROBERSON PLUMBING, INC.

15 ROBINWOOD DRIVE
LONGWOOD, FL 32779
(407) 834-8006

Dec. 21-2001

H. C. Administration Trust Fund:

Gentlemen:

Please let me explain that this oversight in not sending the fee could be that our address has been changed because we did not receive a notice to pay.

We have been in this business since 1980 and I am now 74 years old and we have paid every year on time. We try to comply with all the necessary requirements of this business.

Please allow me to reinstate the Corporation for the \$150.00 check that I am sending in this letter.

Thank you
Sincerely *H. H. Roberson Sr.*