

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT # FO1000001570

1. Corporation Name

ROBDON, INC.

2. Principal Office Address

4762 NW 66 AVE

3. Mailing Office Address

4762 NW 66 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Lauderhill, FL

Zip

33319

Country

USA

Zip

33319

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

88-0474105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

Robert A. McCalla (President)

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

4762 NW 66 AVE.

Suite, Apt. #, Etc.

City

Lauderhill

State  
FL

Zip Code

33319

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

Robert A. McCalla Director

Date 10-19-02

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
<u>VICE President</u>	<u>DONNA McCalla</u>	<u>4762 NW 66 AVE</u>	<u>Lauderhill, FL, 33319</u>
<u>PD</u>	<u>ROBERT A McCalla</u>	<u>same as above</u>	

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:

Robert A. McCalla (Director) 10-19-02 9545200780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

11/14/02 CO