

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000000188

1. Corporation Name

Robinson, Stafford & Rude, Inc.

2. Principal Office Address - No P.O. Box #

4503 Black Lake Belmore Rd

3. Mailing Office Address

4503 Black Lake Belmore Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Olympia, WA

City & State

Olympia, WA

Zip

98512

Country

USA

Zip

98512

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

January 14, 2002

5. FEI Number

91-1809438

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

Don H. Stafford

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

6860 Gulfport Blvd, S

Suite, Apt. #, Etc.

#860

City

S. Pasadena

State

FL

Zip Code

33707

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/29/2007

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
DP	Don H. Stafford	6860 Gulfport Blvd, S., #860	S. Pasadena, FL 33707
CDSV	Bob Rude	4503 Black Lake Belmore Rd	Olympia, WA 98512
DV	Jim Mohart	9206 West 90th Street	Overland Park, KS, 66212

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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 contained in Chapter 119, 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]

(DON H. STAFFORD)

President

6/29/2007

727-328-2921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #