

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

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

FILED

01 FEB 20 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F22859**

1. Corporation Name

**Robesthal, Inc.**

000003768650--8

-02/26/01--01146--022

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

**1732 IRIS COURT**

Suite, Apt. #, etc.

3. Mailing Office Address

**350 5th Ave.**

Suite, Apt. #, etc.

**Suite 4000**

City & State

**Weston, Florida**

City & State

**New York, N.Y.**

Zip

**33326**

Country

**USA**

Zip

**10018**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**3-11-81**

5. FEI Number

**59-2073364**

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

**ALFRED CASAR**

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

**1732 IRIS COURT**

Suite, Apt. #, Etc.

City

**Weston**

State  
**FL**

Zip Code

**33326**

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

**Alfred Casar**

REGISTERED AGENT MUST SIGN

Date

**2/12/01**

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.	STEPHEN B. SCHNEIDER	951 De Soto Rd	BOCA RATON, FL 33432
V.	ROSA MOND SCHNEIDER	951 De Soto Rd.	BOCA RATON, FL 33432
			LS

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:

**Stephen B. Schneider, Jr.**

**2/12/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

202

**ROBESTHAL, INC.  
1232 IRIS COURT  
WESTON, FL. 33326**

February 13, 2001

Florida Dept. of State  
Div. Of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Letter #601A00006896  
ID#: 59-2073364

Gentlemen:

Enclosed please find our check in the amount of \$300.00 for years 2000 and 2001, along with a "Corporate Reinstatement" application.

As our mailing address changed in 1999, we never received the annual forms thereafter.

We respectfully request that all penalty fees be waived and abated.

Very truly yours,

ROBESTHAL, INC.



Stephen B. Schneider, President

SBS:dw  
Enclosed