

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB -4 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000618

1. Corporation Name

ROBERT TALBOTT INC.

Principal Place of Business

P.O. BOX 776
GONZALES CA 93926-0776

Mailing Address

P.O. BOX 776
GONZALES CA 93926-0776



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/1992

5. FEI Number

94-1210137

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	TALBOTT, AUDREY S	TALBOTT STUDIO	CARMEL VALLEY CA 93924
D	BRUNN, HOWARD	2901 MONTEREY-SALINAS HWY	MONTEREY CA 93940
P	BATES, DAVID T	ROUTE 3 BOX 527	CARMEL CA 93923
V	HALLER, JOHN F	810 ENCINO DRIVE	APTOS CA 95003
ST	TALBOTT, ROBERT S	2901 MONTEREY-SALINAS HWY	MONTEREY CA 93940
P	Potter, Bill	2901 Monterey-Salinas Hwy	Monterey, CA 93940

8. Name and Address of Current Registered Agent

~~FISHER, JERRY~~ Norman Bonchick
441 SW 12TH AVE
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name Norman Bonchick
Street Address (P.O. Box Number is Not Acceptable) 441 S.W. 12th Ave.
Suite, Apt. # Etc. Deerfield Beach
City State FL Zip Code 33442

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Norman Bonchick
REGISTERED AGENT MUST SIGN

Date 1/17/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Talbott
Robert S. Talbott

Date

Daytime Phone #

000003136420--1
-02/16/00--01005--009
****750.00 (831) 675-3000