

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000003943

FILED
Oct 13, 2009
Secretary of State

Entity Name: ROBERT H. KING INCORPORATED

Current Principal Place of Business:

6550 CAMPBELL BLVD.
LOCKPORT, NY 14094

New Principal Place of Business:

Current Mailing Address:

6550 CAMPBELL BLVD.
LOCKPORT, NY 14094

New Mailing Address:

FEI Number: 16-0955637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ROBERT H JR
995 DAISY CT.
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH LAMONTO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: KING, ROBERT H JR
Address: 5497 WARD HEIGHTS
City-St-Zip: OLCOTT, NY 14126

Title: SDC () Delete
Name: KING, JEAN
Address: 4260 TONAWANDA CREEK RD.
City-St-Zip: NORTH TONAWANDA, NY 14120

Title: D () Delete
Name: KING, CHRISTOPHER
Address: 4260 TONAWANDA CREEK RD.
City-St-Zip: NORTH TONAWANDA, NY 14120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LAMONTO

Electronic Signature of Signing Officer or Director

VP

10/13/2009

Date