

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F96000006571

1. Corporation Name

ROBINWOOD MANAGEMENT, INC.

Principal Place of Business

PO BOX 32382
JACKSONVILLE FL 33310
US

Mailing Address

PO BOX 241402
MONTGOMERY AL 36124

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1996

5. FEI Number

63-1185187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BLANCHARD, JOHN D	9842 WYNCREST CIRCLE	MONTGOMERY AL 36124
SD	MILLER, SAMUEL L	2000 NORMANDIE DR.	MONTGOMERY AL 36124

800005393838--9

04/30/02--01065--017

****850.00 ****850.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Dale W. Morris

REGISTERED AGENT MUST SIGN

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

4-15-02

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:

Deborah J. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/01

Daytime Phone #

334215411

FILED

02 APR 19 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02



05-03-01 90984 028 \$50.00

CR2E040 (8/01)