

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 66000

1. Corporation Name

ROBINS SALES INTERNATIONAL, INC.

2. Principal Office Address

8667 SAWPINE RD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

Country

33446 USA

3. Mailing Office Address

8667 SAWPINE RD.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

Country

33446 USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/24/83

5. FEI Number

59-2341403

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HYACINTH WILLIAMSON

800024425418

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

8667 SAWPINE RD.

11/05/03--01002--010 **308. 15

Suite, Apt. #, Etc.

City

DELRAY BEACH.

State

FL

Zip Code

33446

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

Hyacinth Williamson
REGISTERED AGENT MUST SIGN

Date 10/27/03

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
PSD	HYACINTH WILLIAMSON	8667 SAWPINE RD.	DELRAY BEACH, FL 33446

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:

Hyacinth Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HYACINTH WILLIAMSON

10/27/03

561-495-6198

Date

Daytime Phone #

CR2E081 (10/02)

ROBINS SALES INTERNATIONAL, INC.
8667 SAWPINE ROAD
DELRAY BEACH, FL 33446
(561) - 495-6198

OCTOBER 27, 2003

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

**RE: ROBIN'S SALES INTERNATIONAL, INC.
REQUEST FOR REINSTATEMENT**

DEAR SIR:

WE ARE WRITING TO REQUEST REINSTATEMENT OF OUR
CORPORATION FOR THE YEARS 2002 AND 2003.

WE SOLD OUR BUSINESS IN JANUARY 2002; AFTER THAT TIME, WE
WERE NOT AT THAT ADDRESS AND ANY MAIL THAT WAS SENT TO THE
BUSINESS ADDRESS WAS NOT TURNED OVER TO US BY THE NEW OWNER.
SUBSEQUENTLY, WE DID NOT RECEIVE THE UNIFORM BUSINESS REPORT
FOR 2002, AND AS THE CORPORATION WAS DISSOLVED IN 2002, WE DID
NOT RECEIVE A NOTICE IN 2003.

AS WE DID NOT RECEIVE THE RENEWAL FORM IN EITHER YEAR, WE
KINDLY REQUEST YOUR HELP WITH THIS MATTER. ENCLOSED IS A CHECK
FOR \$300.00 FOR THE FILING FEES FOR BOTH YEARS. WE HAD ALWAYS
FILED TIMELY SINCE 1983, BUT COULD NOT DUE TO THE CIRCUMSTANCES.

THANK YOU IN ADVANCE FOR YOUR HELP WITH THIS MATTER.

SINCERELY,

A handwritten signature in cursive script that reads "Hyacinth Williamson".

HYACINTH WILLIAMSON