

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
RESTATEMENT



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

DOCUMENT # **G90653**

1. Corporation Name

ROBINSON & SONS SHUTTER CO.

Principal Place of Business

Mailing Address

8400 NW 96TH STREET
MIAMI FL 33166

8400 NW 96TH STREET
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1984

5. FEI Number

59-2366573

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
P	DREWS, B P	8400 NW 96TH STREET	MIAMI FL
ST	FEINBERG, MARTHA	8400 NW 96TH STREET	MIAMI FL
D	THOMAS, LLERENA	8400 NW 96 ST.	MIAMI FL
D	SMITH, DON	8400 NW 96TH STREET	MIAMI FL
D	NIELSEN, KENNETH	8400 NW 96TH STREET	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DINGWALL, WALTER
2631 E OAKLAND PARK BLVD
STE 100
FT LAUDERDALE FL 33306

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 607.0605, F.S.

Signature of
Registered Agent

Walter Dingwall
REGISTERED AGENT MUST SIGN

Date *Oct 18, 1999*

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:

Walter Dingwall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
99 OCT 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR22040 (8/99)