

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -4 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G90653

1. Corporation Name

Robinson & Sons Shutter Co.

REINSTATEMENT 0205

2. Principal Office Address

25 S.E. 2nd Avenue

Suite, Apt., etc.

#1139

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

3. Mailing Office Address

25 S.E. 2nd Ave.

Suite, Apt., etc.

#1139

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

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

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. Name and Address of Current Registered Agent

Name

Barbara L. Phillips

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

25 S.E. 2nd Avenue

Suite, Apt., Etc.

#1139

City

Miami

State

FL

Zip Code

33131

100049178511

03/25/05--01002-018 ***589.00

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

Barbara L. Phillips

REGISTERED AGENT MUST SIGN

Date 3/17/05

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
Pres	Bernd Peter Drews	1532 N.E. 27 Street	Wilton Manores, FL 33334
Sec.	Martha Feinberg	15432 N.W. 14 Court	Pembroke Pines, FL 33028
VP	Kenneth Nielson	12725 N.W. 2 Avenue	North Miami, FL 33168

[Handwritten Signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martha Feinberg, Secretary

Date

March 17, 2005

Daytime Phone #

(954) 378-2379

CR2EC01 (01/05)

2012

Barbara L. Phillips
25 S.E. 2nd Avenue - # 1139
Miami, FL 33131
Telephone: (305) 371-3633
Fax: (305) 371-3638

March 17, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Ms. Pamela Smith, Document Specialist

Re: Document #G90653
Reinstatement - Robinson & Sons Shutter Corp

Dear Ms. Smith:

I am the current registered agent for Robinson & Sons Shutter Corp.

Enclosed please find an executed Corporation Reinstatement form.

Robinson & Sons Shutter Corp., did not receive the corporate annual report forms for the years 2002-2005.

Accordingly by this letter we are asking the Secretary of State to waive the \$1,200 reinstatement fee, and charge our company the regular annual fee of \$150.00.

I am also enclosing our check our check #1 in the sum of \$565.00. This sum represents the total annual fees of \$600.00 [i.e. 4 years at \$150.00 per year] less a credit of \$35.00 for monies presently being held by you. (Please see enclosed letter of March 4, 2005)

Kindly process our reinstatement. Thank you in advance for your assistance. Please contact me at the above telephone number if you have any questions.

Sincerely,


Barbara L. Phillips, Registered Agent

Enclosures.