

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

K76043

1. Corporation Name

Robinson Companies, Inc.

Principal Place of Business

Mailing Address

1108 North Orange Avenue  
Sarasota, Florida 34236

1108 North Orange Avenue  
Sarasota, Florida 34236

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

3/28/89

5. FEI Number

65-0329020

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Alfred Robinson	1108 North Orange Avenue	Sarasota, Florida 34236

700002572777-0  
-06/25/98--01093--010  
\*\*\*1058.75 \*\*\*1058.75

REINSTATEMENT

96-98  
SL  
6-23-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Alfred Robinson

Street Address (P.O. Box Number is Not Acceptable)  
1108 North Orange Avenue

Suite, Apt. #, Etc.

City Sarasota

State  
FL

Zip Code 34236

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

Alfred R. Robinson  
REGISTERED AGENT MUST SIGN

Date

6/22/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

Alfred R. Robinson

6/22/98

(941) 953-5935

Date

Daytime Phone #