

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L02000012746

1. Limited Liability Company's Name

Robinson Excel Services

2. Principal Office Address - No P.O. Box #

2800 University Blvd S  
Suite, Apt. #, etc.

Apt # 143

City & State

Jacksonville, FL

Zip

32216

Country  
USA

3. Mailing Office Address

P.O. Box 43341  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203

Country  
USA

8. Name and Address of Current Registered Agent

Name

Willie DeWitt Robinson II

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

2800 University Blvd S.

Suite, Apt. #, Etc.

Apt 143

City

Jacksonville

State  
FL

Zip Code  
32216

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent



REGISTERED AGENT MUST SIGN

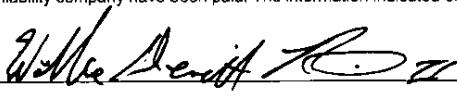
Date 10/19/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Willie DeWitt Robinson II	2800 University Blvd S Apt 143	Jacksonville, FL 32203
	REINSTATEMENT		
	2003-2007	DB	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager



Date 10/19/07

Daytime Phone # 904-520-5556

Typed or printed name of signing Managing Member/Manager

FILED

07 OCT 19 PM 2:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0000111362640  
10/25/07-01048-017 \$1250.00

CR2E041 (1/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10-16-07

6. FEI Number

026-1238864

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.