

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 11 AM 9:01

DOCUMENT # L 50869

1. Corporation Name

Robert John Inc

d/b/a/ Stickney Point save On

2. Principal Office Address

2522 Stickney POINT RD. 2522 STICKNEY POINT RD.

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FLA.

City & State

SARASOTA F L.

Zip

Country

Zip

Country

34231

SARASOTA

34231

FLA

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

2/12/90

5. FEI Number

650173019

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

Robert J. BELVAL

200003271312-3

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

1226 North Brink Ave

05/31/00 01016-005

****900.00 ****900.00

Suite, Apt. #, Etc.

City

Sarasota Fla.

State

FL

Zip Code

34237

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

Robert J. Belval

REGISTERED AGENT MUST SIGN

Date

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
D	Robert J. Belval	1226 North Brink Ave	Sarasota Fla 34237
T	Kelly J. Belval	2616 Darwin Ave	Sarasota Fla 34239

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:

Robert J. Belval

Robert J. Belval

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/00

Daytime Phone #

941-923-7541