PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98155

1. Corporation Name

THE ROBERTS GROUP, INC.

000435258180
08/22/24--01030--014 **1102.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10076 Hemlock	10076 Hemlock
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Overland Park, KS	City & State: Overland Park, KS
Zip: 66212 Country: USA	Zip: 66212 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/13/1988

5. FEI Number: 65-0074765 ☐ 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: Northwest Registered Agent LLC

Street Address (P.O. Box Number is Not Acceptable): 7901 4th St. N

Suite, Apt. #, Etc.: Ste 300

City: St. Petersburg State: FL Zip Code: 33702

AUG 2[illegible]

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: Taylor Newman Date: 08/21/2024

REGISTERED AGENT MUST SIGN

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
Director	Robert S. Kirkendall	10076 Hemlock	Overland Park, KS 66212
Director	Philip H. Walton	3495 S. Birch St.	Denver, CO 80222

). E-mail Address: PHIL@WALTON-US.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 8-16-24 (303)618-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR