

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000003400

1. Corporation Name

ROBINSON FARM HOMEOWNERS ASSOCIATION, INC.

2. Principal Office Address

10709 WINDING STREAM WAY

Suite, Apt. #, etc.

City & State

BRADENTON, FL 34212

Zip

34212

Country

MANATEE

3. Mailing Office Address

10709 WINDING STREAM WAY

Suite, Apt. #, etc.

City & State

BRADENTON, FL 34212

Zip

34212

Country

MANATEE

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

4-2-04

5. FEI Number

☐ Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000061828440
12/01/05--01041--008 **236.25

CR2E081 (8/05)

FILED
05 DEC -1 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

LARRY C. ROBINSON

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

10709 WINDING STREAM WAY

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34212

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-26-2005

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
PTD	LARRY C. ROBINSON	10709 WINDING STREAM WAY	BRADENTON FL 34212
SVD	JEANNETTE M. ROBINSON	10709 WINDING STREAM WAY	BRADENTON FL 34212
D	JEFFERY J. ROBINSON	2710 WILDER RESERVE DRIVE	PLANT CITY FL 33566

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY C. ROBINSON, PRESIDENT

11-26-2005

Date

941-744-9282

Daytime Phone #