

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 17 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001333

1. Corporation Name

The W.H. Roberts Foundation, Inc.

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

1540 NW 203 St.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33169

Country

USA

3. Mailing Office Address

c/o Nuel F Polsky

Suite, Apt. #, etc.

782 NW 42 Ave. Ste. 345

City & State

Miami FL

Zip

33126

Country

USA

200171395832  
03/08/10--01005--010 \*\*175.00  
CR2E081 (11/09)

**REINSTATEMENT**

99-11

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/1995

5. FEI Number

650602387

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 Polsky

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

782 NW 42nd Ave.

Suite, Apt. #, Etc.

Suite 345

City

Miami

State  
FL

Zip Code

33126

☒ The 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 reinstatement  
fee be waived.

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03/17/10--01037--023 \*\*551.25

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 3/2/2010

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
P	William H. Roberts	1540 NW 203 St.	Miami/FL/33169
S/T	Karyn Williams	4251 NW 169 Ter.	Miami/FL/33054
VP	Cleveland Roberts	1540 NW 203 St	Miami/FL/33169

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03/08/10--01005--011 \*\*8.75

10. E-mail Address:

Roberts66Wil@AOL.com

(To be used for future annual report notification)

11. 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, 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2010

Date

Daytime Phone #