PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 18 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000612

1. Corporation Name
Roberson Economic Development, INC.

REINSTATEMENT
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
4830 Grapevine WAY	4830 Grapevine WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL.	City & State: Davie FL.
Zip: 33331 Country: US	Zip: 33331 Country: U.S

4. Date Incorporated or Qualified To Do Business in Florida: 00-05

5. FEI Number: 31-1591745 ☐ 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: Harold Roberson
Street Address (P.O. Box Number is Not Acceptable): 4830 Grapevine WAY
Suite, Apt. #, Etc.:
City: Davie State: FL Zip Code: 33331

☑ 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.

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: Harold Roberson Date: 3/17/08
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
P	Harold Roberson	4830 Grapevine WAY	Davie FL. 33331
D	Lamarr Kemp	4830 Grapevine WAY	Davie FL. 33331
T	Janice Roberson	4830 Grapevine WAY	Davie FL. 33331
S	Paulette Roberson	4830 Grapevine WAY	Davie FL. 33331

100121333921
03/26/08--01026--018 **183.75

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 contained in Chapter 119, 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: Harold Roberson 03/17/08 954/805-2125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TO: Division of Corporations
Annual Report Section
From: Roberson Economic Development
Subject: Annual Report

2/2

REF:
Document # N98000000612

Dear Sir or Madame:

I am in Receipt of your non-profit Corporate Annual Report The Corporate annual Report in Question was not submitted because of negligence or responsibility on my behalf But rather for not being properly assessed by my accountant and because I moved to another location The Report were not Received. Please excuse us, in View of this Circumstance I kindly request Consideration in the Waiving of Penalties with the assurance that this Oversight will Never happen again. Once again your Consideration of this matter is greatly Appreciated. Please feel free to Contact me at 954-805-2125 Should you have any Questions.

Sincerely Harold Roberson