

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002374

1. Corporation Name

ROBERT J. JULIAN & ASSOCIATES, INC.

Principal Place of Business

1766 7TH AVE., SW
VERO BEACH FL 32962

Mailing Address

1766 7TH AVE., SW
VERO BEACH FL 32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

5. FEI Number

65-0702463
65-0988110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	JULIAN, ROBERT J	1766 7TH AVE., SW	VERO BEACH FL 32962

000008549430
10/23/02 01005 000 **150.00

8. Name and Address of Current Registered Agent

JULIAN, ROBERT J
1766 7TH AVE., SW
VERO BEACH FL 32962

9. Name and Address of New Registered Agent

Name Virginia McNamara
Street Address (P.O. Box Number is Not Acceptable)
1766 7th Ave, SW
Suite, Apt. #, Etc.
City Vero Beach State FL Zip Code 32962

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/21/02

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 (712) 569-3004
Date Daytime Phone #

Robert J. Julian & Associates, Inc.

**Construction & Construction Management
Residential & Commercial Properties**

October 21, 2002

Dept. of State
C/O Div. of Corporations
POB 6327
Tallahassee, FL 32314

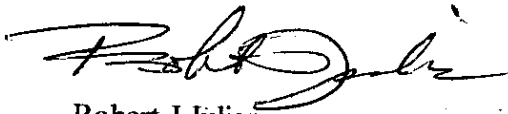
RE: Robert J. Julian & Associates, Inc. FEIN 65-0988110

Dear Madam/Sir:

Today we received Notice of Administrative Dissolution by mail. We were surprised to see that this has not been taken care of. We have been business owners for many years, and this is the first time this has ever happened. The only explanation is that the reporting form was never received by this office. The reason we say this is because we didn't receive reporting forms for two other corporations we've established as well. I think something went wrong in delivery.

Please accept our \$150 to reinstate our Corporation.

Truly,



Robert J Julian
President

**P.O. Box 7189
Vero Beach, FL 32961**

**Phone (772) 569-3004
Fax (772) 569-1904**