

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 19 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000040728

1. Corporation Name

MRS. ROBINSON'S, INC.

Principal Place of Business

6880 SW 2ND STREET
PEMBROKE PINES FL 33023-1106

Mailing Address

6880 SW 2ND STREET
PEMBROKE PINES FL 33023-1106



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

2. New Principal Office Address, If Applicable

P.O. BOX 81-465

3. New Mailing Office Address, If Applicable

16482 SW 18 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL 33027

City & State

MIRAMAR FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

59-3641389

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	ROBINSON, DEITRA	6880 SW 2ND STREET	PEMBROKE PINES FL 33023
D	SPENCER, RODERICK	2745 NW 208 TERRACE	CAROL CITY FL 33056
D	ROBINSON, MELVIN	6880 SW 2ND STREET	PEMBROKE PINES FL 33023
			300005392053--1 -04/30/02--01051--001 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

ROBINSON, DEITRA
6880 SW 2ND STREET
PEMBROKE PINES FL 33023-1106

9. Name and Address of New Registered Agent

Name

Robinson, Deitra

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

16482 SW 18 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-392-623

CR2E040 (8/01)