

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

08 JAN 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JD 1-27-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000064955

1. Corporation Name

ROBERT W. FLANDERS, INC.

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

6005 N. WICKHAM RD.

Suite, Apt. #, etc.

Z6

City & State

MELBOURNE, FL

Zip

32940

Country

BOEVARD

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

(SAME)

City & State

(SAME)

Zip

(SAME)

Country

(SAME)

REINSTATEMENT

06-07

4. Date Incorporated or Qualified
To Do Business in Florida

7/03/2000

5. FEI Number

59-3702273

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 W. FLANDERS

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

6005 N. WICKHAM RD

Suite, Apt. #, Etc.

Z6

City

MELBOURNE

State

FL

Zip Code

32940

☒ 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

Robert W. Flanders
REGISTERED AGENT MUST SIGN

Date 12/27/2007

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
Pres/Sec	ROBERT W. FLANDERS	6005 N. WICKHAM RD.	MELBOURNE, FL 32940

300115193003
01/15/08--01032--009 **\$00.00

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:

Robert W. Flanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/07

Date

321-302-

9421

Daytime Phone #