

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000106088

1. Corporation Name

A. A. Robin, Inc.

300037847893
06/10/04--01064--005 **900.00

2. Principal Office Address

112 Norwich Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Zip

32561

Country

Santa Rosa

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2000

5. FEI Number

59-3681129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

Robin Dolph

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

112 Norwich Dr.

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32561

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

X John Dolph

Date

X 6-9-04

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
PRES.	Robin Dolph	112 Norwich Dr.	Gulf Breeze, FL 32561
SECR.	Robin Dolph	112 Norwich Dr.	Gulf Breeze, FL 32561
TREAS.	Robin Dolph	112 Norwich Dr.	Gulf Breeze, FL 32561

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 corporation 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:

X John Dolph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 6-9-04

Date

X 850-932-1789

Daytime Phone #