

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000037358

1. Corporation Name

ROBERT J. LUCAS, INC.

Principal Place of Business

439 HIBISCUS AVE
STUART FL 34996-2549

Mailing Address

439 HIBISCUS AVE
STUART FL 34996-2549

FILED

02 NOV 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable

1 Mandalay Rd

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1 Mandalay Rd

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip 34996-7008

Country USA

Zip 34996-7008

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2001

5. FEI Number

65-1092615

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LUCAS, ROBERT J	439 HIBISCUS AVE 1 MANDALAY ROAD	STUART FL 34996

7000009090967
11/20/02--01010--012 **150.00

8. Name and Address of Current Registered Agent

LUCAS, ROBERT J
439 HIBISCUS AVE
STUART FL 34996-2549

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/6/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (802)

***Robert J. Lucas Inc.
One Mandalay Road
Stuart, Florida, 34996***

November 14, 2002

Mr. Jim Smith, Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Mr. Smith,

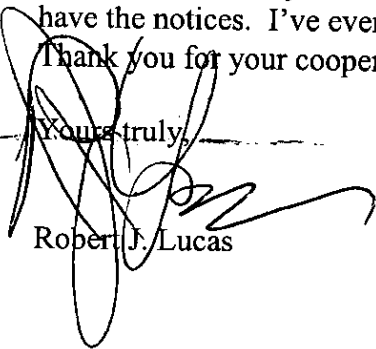
I am enclosing my application for reinstatement, along with a check for \$150.00 for my annual report.

I never received any of the notices, to the best of my knowledge, concerning my annual report. I have moved this year, and, perhaps I didn't get my notices, but I certainly would've taken care of them if I had received the notices.

I would appreciate your accepting my apology for not filing on time, but I honestly didn't have the notices. I've even looked through my entire file and haven't found them.

Thank you for your cooperation. I certainly won't let this happen again.

Yours truly,



Robert J. Lucas