
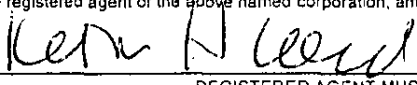
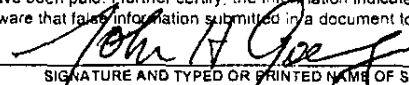


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  <b>12 JAN 20 PM 2:36</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA
<b>DOCUMENT # P01000065241</b>			
1. Corporation Name <b>ROBERTSON EQUIPMENT, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>404 N. Broad Avenue</b>		3. Mailing Office Address <b>404 N. Broad Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Wilmington, CA</b>		City & State <b>Wilmington, CA</b>	
Zip <b>90744-5828</b>	Country <b>USA</b>	Zip <b>90744-5828</b>	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>06/28/2001</b>		5. FE Number <b>58-2645409</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<b>\$8.75</b> Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name <b>Kathleen Holbrook Cold</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>One Independent Drive</b>			
Suite, Apt. #, Etc. <b>Suite 2301</b>			
City <b>Jacksonville</b>		State <b>FL</b>	Zip Code <b>32202</b>
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 		Date <b>1/17/12</b>	
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
D	John Goelz	1359 Beach Avenue	Atlantic Beach, FL 32233
D	Thomas Goelz	1359 Beach Avenue	Atlantic Beach, FL 32233
D	William Goelz	1359 Beach Avenue	Atlantic Beach, FL 32233
P	Larry Cumblidge	15401 Atkinson Avenue	Gardena, CA 90249
<b>09-11 B 1/20/12</b>			
10. E-mail Address: <b>JOHNHGOELZ@GMAIL.COM</b>			
(To be used for future annual report notification)			
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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.			
SIGNATURE: 		<b>John H. Goelz</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>12-9-11</b>	Daytime Phone # <b>904-654-4832</b>