

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 10 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 010 00066834

1. Corporation Name

Conrob, Inc

2. Principal Office Address

212 S-IN Fernleaf Trail

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34953

Country

U.S.A.

3. Mailing Office Address

212 S-IN Fernleaf Trail

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34953

Country

U.S.A.

100016961361  
05/21/04--01059--032 \*\*150.00  
04-24-03 01057 015 150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/2001

5. FEI Number

65-1118916

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

Monique Troncone, CPA P.A.

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

499 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 207

City

Boca Raton

State  
FL

Zip Code

33432-5080

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

REGISTERED AGENT MUST SIGN

Date 04/22/2004

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
PD	Jose Luis Contreras	212 S-IN Fernleaf Trail	Port St. Lucie, FL 34953
VPD	Elaine Robinson	212 S-IN Fernleaf Trail	Port St. Lucie, FL 34953
			100016961361

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 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:

ELAINE ROBINSON

04/22/04

772-785-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

2052

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32314

04/23/2004

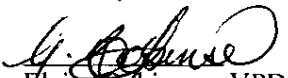
Re: CONROB, INC Document # P01000066834 FEI # 65-1118916

To Whom It May Concern:

Please refer to the attached copy of **2003 UBR Report**, which was filed on April 20<sup>th</sup>, 2003. The payment in the amount of \$150.00 cleared from the Bank on April 25<sup>th</sup>, 2003 (copy attached). Such report was rejected due to the **Registered Agent** signature and address that were missing, for this reason we re-sent it on May 6<sup>th</sup>, 2003 with the information requested and we never got any more notices from you. The Company is currently showing as inactive / dissolved, which is why we are sending a reinstatement form alone with a check for \$150.00 to file for 2004. Please credit any reinstatement fees, we did everything in our end for the previous filing to go through and apparently none of the new information was ever updated in your records. We would greatly appreciate your help with this matter. If you should have any questions, please feel free to give us a call at the following phone numbers:

Toll Free: 800-764-0052 or 561-338-5158.

Cordially,

  
Elaine Robinson- VPD

CONROB, INC  
212 SW FERNLEAF TRAIL  
PORT ST. LUCIE, FL 34953

REGISTERED AGENT  
MONIQUE TRONCONE, CPA P.A.  
499 E PALMETTO PARK RD  
SUITE 207  
BOCA RATON, FL 33432-5080