

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION *
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 28 PM 3:53

DOCUMENT # P01000081896

1. Corporation Name

ROBOCAB INC

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

7219 CHESTERHILL CIRCLE

3. Mailing Office Address

7219 CHESTERHILL CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MOUNT DORA, FL

City & State

MOUNT DORA, FL

Zip

32757

Country

Zip

32757

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/01

5. FEI Number
59-3743186

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

CARL E BEGLEY

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

7219 CHESTERHILL CIRCLE

Suite, Apt. #, Etc

City

MOUNT DORA

State

FL

Zip Code

32757

900213769439
10/28/11--01030--003 **1800.00

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

Carl E. Begley
REGISTERED AGENT MUST SIGN

Date 10-24-11

352-383-0172

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
P	CARL E BEGLEY	7219 CHESTERHILL CIRCLE	MOUNT DORA, FL 32757
VP	DEW DROP BEGLEY	7219 CHESTERHILL CIRCLE	MOUNT DORA, FL 32757

10. E-mail Address: KDUBECK@AOL.COM

(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:

Carl E. Begley CARL E. BEGLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-11

Daytime Phone #

1- 352-383-0172

REINSTATEMENT 04-11

CR2E081 (11/10)