

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 29 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000107743

1. Corporation Name

ROBERT ROBISON CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

136 SHEPARDS EASEMENT
CRAWFORDVILLE FL 32327

136 SHEPARDS EASEMENT
CRAWFORDVILLE FL 32327

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3756639

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROBISON, ROBERT	136 SHEPARDS EASEMENT	CRAWFORDVILLE FL 32327
D	MILLS, CHRIS	136 SHEPARDS EASEMENT	CRAWFORDVILLE FL 32327
S	ROBISON, DANYELL <i>Delet</i>	136 SHEPARDS EASEMENT	CRAWFORDVILLE FL 32327
S	Deanna Robison	136 Shepards Easent	Crawfordville FL 32327
			400028317394 02/06/04--01011--022 **900.00

8. Name and Address of Current Registered Agent

ROBISON, DANYELL
404 SHADEVILLE RD.
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name
Deanna Robison
Street Address (P.O. Box Number is Not Acceptable)
136 Shepards easement
Suite, Apt. #, Etc.
City
Crawfordville FL State
FL Zip Code
32327

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

Deanna Robison

Date

1/29/04

REGISTERED AGENT MUST SIGN

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:

Deanna Robison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/04

Daytime Phone #

CR2E040 (7/03)