

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

03 OCT 23 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000114755

1. Corporation Name

ROBERT NEWBERRY CONSTRUCTION, INC.

Principal Place of Business

6907 CONLEY DR
POLK CITY FL 33868

Mailing Address

6907 CONLEY DR
POLK CITY FL 33868

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2001

5. FEI Number

59-3758872

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	NEWBERRY, ROBERT L	6907 CONLEY DR	POLK CITY FL 33868

600024055656
10/23/03--01079--019 **150.00

8. Name and Address of Current Registered Agent

NEWBERRY, ROBERT L
6907 CONLEY DR
POLK CITY FL 33868

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

Robert Newberry

REGISTERED AGENT MUST SIGN

Date 10-15-03

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:

Robert Newberry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Newberry (D)

Date

Daytime Phone #

10-15-03-559-1637

(863)

CR2E040 (7/03)

ROBERT LEE NEWBERRY

6907 Conley Drive

Polk City, FL 33868

October 14, 2003

**Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

**Regarding: Application for Reinstatement
 Robert Newberry Construction, Inc.**

Document No: PO1000114755

Dear Tina/Whom It May Concern:

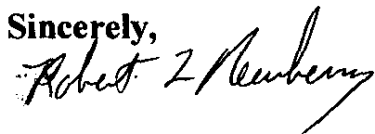
Reference to our conversation with Tina in your office today, due to my not receiving the notice for my Annual Report/Corporate fee, I am requesting to have the reinstatement fee waived.

The mailboxes on Conley Road are all accessed by one door, and I feel certain this mail was inadvertently placed in someone else's box. I am also requesting a change of my mailing address (only), in hopes this will not happen again.

I would appreciate your waiving this fee, and am enclosing my check in the amount of \$150 as instructed by your office today.

Thank you in advance for your consideration in this matter.

Sincerely,



Robert L. Newberry

RLN/bh