

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 DEC 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000014155**

1. Corporation Name

Robinson Landscaping, Inc.

REINSTATEMENT 03

2. Principal Office Address

71 S. Carolina Avenue

3. Mailing Office Address

108 W. New Haven Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, Florida

City & State

Melbourne, Florida

Zip

32922

Country

Zip

32901

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/04/03

5. FEI Number

80-0030868

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

Mark G. Arbogast, EA

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

108 W. New Haven Avenue

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code *

32901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-15-2003

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
PR	Ernest S. Robinson	71 S. Carolina Avenue	Cocoa, Florida 32922

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

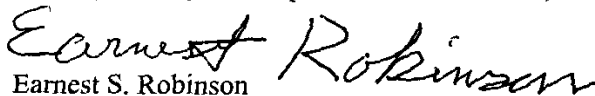
Daytime Phone #

CR2E081 (10/02)

To: Fl Dept of State
Division of Corporations
From: Robinson Landscaping, Inc.

I am sending my reinstatement form in along with my check for \$150.00. Please waive all penalties as I formed my corporation in 2002 but I never received my annual report in the first part of 2003 so I could pay the filing fee and not be subject to the penalties. I did not know until last week that this was something I needed to do each year but the Florida Division of Corporations never sent me my annual report. Please reinstate my corporation and PLEASE make sure to send me my annual report next year so I can keep my corporation in compliance.

Thank you for your cooperation in this matter,


Earnest S. Robinson