

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 17 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058200

1. Corporation Name

ROBIN JOHNSON STUCCO, INC.

Principal Place of Business

1221 SW EUCALYPTUS AVE  
2050 NW HOWARD AVE  
ARCADIA FL 34266

Mailing Address

2050 NW HOWARD AVE  
ARCADIA FL 34266



REINSTATEMENT

03

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

2. New Principal Office Address, If Applicable

1221 S.W. Eucalyptus Ave  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1341  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/24/2002

5. FEI Number

55-0790630

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

Arcadia, FL  
Zip 34266 Country

City & State

Arcadia, FL  
Zip 34265 Country

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
PD	JOHNSON, PHILLIP R	PO BOX 1341 51 ELVERAND AVE MAILING ADDRESS P.O. BOX 1341	ARCADIA FL 34266 ARCADIA, FL 34265

500024172235  
10/27/03 01.099 008 \*\*750.00

10/13/03

8. Name and Address of Current Registered Agent

JOHNSON, PHILIP R  
2050 NW HOWARD AVE  
ARCADIA FL 34266

51 ELVERAND AVE  
P.O. Box 1341  
Arcadia, FL 34266

9. Name and Address of New Registered Agent

Name  
51 ELVERAND AVE, ARCADIA, FL 34266  
Street Address (P.O. Box Number is Not Acceptable)  
P.O. Box 1341 MAILING  
Suite, Apt. #, Etc.

City  
Arcadia

State  
FL

Zip Code  
34266

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

Phillip Johnson  
REGISTERED AGENT MUST SIGN

Date 10-13-03

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:

Phillip Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (7/03)