

2005 FOR PROFIT CORPORATION REINSTATEMENT

182

DOCUMENT # P02000071679 1. Entity Name T ROBERT DOBSON, INC.					
Principal Place of Business 3764 VICTORIA DR WEST PALM BEACH, FL 33406			Mailing Address P.O. BOX 118277 WEST PALM BEACH, FL 33406		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3694163	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOBSON, ROBERT T 3764 VICTORIA DR. WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOBSON, ROBERT T <input type="checkbox"/> Delete 3764 VICTORIA DR. WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 600055571236 06/01/05--01026--012 **300.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5/4/05		

FILED
05 MAY 11 PM 2:24
 SEC. OF STATE
 TALLAHASSEE, FLORIDA



04292005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

☐ \$8.75 Additional Fee Required

FL Zip Code

DATE

☐ Change ☐ Addition
600055571236
06/01/05--01026--012 **300.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #

202

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

April 29, 2005

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Florida 32314

Taxpayer: T. ROBERT DOBSON, INC
FEIN: 04-3694163
Document #: P02000071679
Tax Form: UBR
Tax Period: 2004, 2005

To Whom It May Concern:

We have enclosed check # 890L in the amount of \$300.00 for the Corporate Reinstatement of T. ROBERT DOBSON INC, Document # P02000071679.

Please abate the penalty as Mr. Dobson did not receive the original UBR. The corporation is newly formed and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

cc