

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P02000071679

1. Corporation Name

T ROBERT DOBSON, INC

2. Principal Office Address

3764 VICTORIA DR

Suite, Apt. #, etc.

3. Mailing Office Address

P O BOX 118277

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip

33406

Country

PALM BEACH

Zip

33406

Country

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/2002

5. FEI Number

04-3694163

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

ROBERT T DOBSON

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

3764 VICTORIA DR

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

*Robert T Dobson*  
REGISTERED AGENT MUST SIGN

Date 10/14/2003

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
P	ROBERT T DOBSON	3764 VICTORIA DR	WEST PALM BEACH, FL 33406

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)(l), 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 T Dobson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/2003 561-967-0666

Daytime Phone #

REINSTATEMENT 03

CR25081 (10/02)

**C.R. COOPER, CPA, PA**  
5350 10<sup>TH</sup>. Ave. North, Suite 8  
Lake Worth, Florida 33463

American Institute of  
Certified Public Accountants

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

Florida Institute of  
Certified Public Accountants

FAX (561) 433-3596

---

October 16, 2003

---

Department Of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32399

Taxpayer: T Robert Dobson, Inc.  
FEIN 04-3694163  
Tax Form: Uniform Business Report  
Tax Period: 2003

To Whom It May Concern:

We have enclosed the UBR Reinstatement Form and the check # 8734 in the amount of \$150.00 for the annual renewal of the above corporation.

Please abate the penalty as Mr. Dobson did not receive the original UBR, and did not intentionally avoid the filing fee. The corporation is fairly new and, therefore, Mr. Dobson is not completely familiar with the UBR.

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