

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000087027

1. Corporation Name

Robea Systems Inc.

2. Principal Office Address - No P.O. Box #

43 Sharon Blvd

Suite, Apt. #, etc.

City & State

Lantana FL

Zip

33462

Country

USA

3. Mailing Office Address

43 Sharon Blvd

Suite, Apt. #, etc.

City & State

Lantana

Zip

33462

Country

USA

7. Name and Address of Current Registered Agent

Name

Beate Quesenberry (formerly Beate Steinfeldt)

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

43 Sharon Blvd

Suite, Apt. #, Etc.

City

Lantana

State

FL

Zip Code

33462

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

REGISTERED AGENT MUST SIGN

Date **12/8/2009**

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
CEO	Beate Quesenberry	43 Sharon Blvd	Lantana, FL 33462

10. E-mail Address: **bquizusa@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

B. Quesenberry

12/11/09

FILED

09 DEC 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400163518714
12/15/09--01032--021 **308.75

REINSTATEMENT

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/2002

5. FEI Number

760708277

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.