

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P02000104395

1. Corporation Name

ROBCORP OF DADE, INC.

Principal Place of Business

2260 PALM BEACH LAKES BLVD
200
WEST PALM BEACH FL 33409

Mailing Address

2260 PALM BEACH LAKES BLVD
200
WEST PALM BEACH FL 33409

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2002

5. FEI Number

02 058 9570

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	JOANNE ROBINSON	2260 PALM BEACH LAKES	W. P. B., FL 33409
VP	Bernadette Alexander	2260 Palm Beach Lakes	W. P. B., FL 33409

8. Name and Address of Current Registered Agent

ROBINSON, JOANNE C
2260 PALM BEACH LAKES BLVD
200
WEST PALM BEACH FL 33409

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EG40 (7/03)



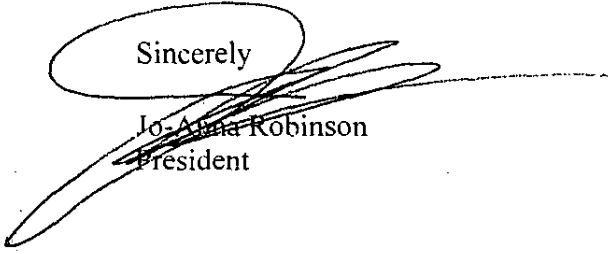
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October 12, 2003

To whom it may concern,

I have sent this application back twice; this will be the third time. I spoke with you office and they said to send this back again with a note stating you received my check back in April 2003 and it was cashed. I do have a copy of the canceled check. Please reinstate my corporation, as this was not a fault of mine. Please do not hesitate to call me with any questions at 561-683-5585.

Sincerely


Jo Anna Robinson
President

10-12-03
10-12-03
10-12-03