

PLEASE READ ALL INSTRUCTIONS BEFORE COM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 20 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P03000002573

Robert Guy, Inc.

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

8115 Mobile Highway

Suite, Apt. #, etc.

3. Mailing Office Address

8115 Mobile Highway

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32526

Country

USA

City & State

Pensacola, Florida

Zip

32526

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2003

5. FEI Number

32-0053589

☐ 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 L. Guy

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

8115 Mobile Highway

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

200219074882
01/20/12--01006--013 **1050.00

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

Date 01/17/2012

REGISTERED AGENT MUST SIGN

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/D	Robert L. Guy	8115 Mobile Highway	Pensacola, FL 32526
VP	Terri T. Guy	8115 Mobile Highway	Pensacola, FL 32526
S/T	Tonya L. Guy	8355 Gardenia Circle	Pensacola, FL 32534

REINSTATEMENT

10-12 T.S. 1/20/12

10. E-mail Address: bobguysingsmerle@yahoo.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2012

Date

Daytime Phone #