

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P0300000 6436.

**1. Corporation Name**

ROBLES CORPORATION

**2. Principal Office Address**

830 E. 29 PLACE

Suite, Apt. #, etc.

City & State

HALEAH, FLA

Zip

33013

Country

U.S.A.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

2007 JUN -6 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**REINSTATEMENT**

04-07

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/17/2003

**5. FEI Number**

38-3671878

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

MANUEL OSCAR PEREZ

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

830 E. 29 PLACE

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33013

**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

M. Oscar Perez

Date

05/15/07

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|----------------|--------------------------------------|---|--------------------------|
| <u>Pres/D.</u> | <u>MANUEL OSCAR PEREZ</u>            | <u>830 E. 29 PLACE</u>                            | <u>HALEAH, FLA 33013</u> |
|                |                                      |   |                          |
|                |                                      |   |                          |
|                |                                      |   |                          |
|                |                                      |   |                          |
|                |                                      |   |                          |
|                |                                      |   |                          |

**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 contained in Chapter 119, 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:

M. Oscar Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/15/07

Date

805/233-5140

Daytime Phone #

MAY 15, 2007.

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FLORIDA DEPT. OF STATE  
ANNUAL REPORT DEPT.

RE. Robles Corporation  
P03000006436.

As Per our Conversation I AM SENDING \$600.<sup>00</sup>/<sub>100</sub>  
FOR MY ANNUAL REPORT, SINCE I NEVER RECEIVED  
THE REPORT. I HAD NOTIFIED YOUR OFFICE  
OF MY ADDRESS CHANGE AND IT SEEMS THAT IT  
WAS NEVER CHANGED.

I THANK YOU IN ADVANCE FOR THE WAIVE OF THE  
LATE FEE.

Thank you,  
S. M. P. President.