

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000051547

FILED
Jul 26, 2007
Secretary of State

Entity Name: ROBLYN, INC.

Current Principal Place of Business:

1124 HASKELL DR.
CLERMONT, FL 34711

New Principal Place of Business:

401-B CHURCH STREET
KISSIMMEE, FL 34741

Current Mailing Address:

1124 HASKELL DR.
CLERMONT, FL 34711

New Mailing Address:

401-B CHURCH STREET
KISSIMMEE, FL 34741

FEI Number: 65-1196517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, ROBIN
1124 HASKELL DR.
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

FRIEND, ROBIN
3481 PAWLEYS LOOP NORTH
SAINT CLOUD, FL 34769 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBIN FRIEND

07/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ROGERS, LYNETTE
Address: 11124 HASKELL DR.
City-St-Zip: CLERMONT, FL 34711

Title: DPST () Delete
Name: STINE, ROBIN
Address: 11124 HASKELL DR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: ROGERS, LYNETTE
Address: 3481 PAWLEYS LOOP NORTH
City-St-Zip: SAINT CLOUD, FL 34769

Title: DPST (X) Change () Addition
Name: FRIEND, ROBIN
Address: 3481 PAWLEYS LOOP NORTH
City-St-Zip: SAINT CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN FRIEND

DPST

07/26/2007

Electronic Signature of Signing Officer or Director

Date