

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 24 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P030000056249**

1. Corporation Name

ROBINSON IMAGING COMPANY INC.

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

2525 SANDICREST DR.

Suite, Apt. #, etc.

3. Mailing Office Address

2525 SANDICREST DR.

Suite, Apt. #, etc.

City & State

CANTONMENT FL.

City & State

CANTONMENT FL.

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

5-14-2003

5. FEI Number

200825260

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

LARRY A. ROBINSON

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

2525 SANDICREST DR.

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

☐ 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.

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

Larry A. Robinson

Date **5-10-07**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LARRY A. ROBINSON	2525 SANDICREST DR	CANTONMENT FL 32533
VP	RICHARD ROBINSON	4109 E. JOHNSON AVE	PENSACOLA FL 32514
S/T	KATHERINE E. ROBINSON	2525 SANDICREST DR	CANTONMENT FL 32533

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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:

LARRY A. ROBINSON

LARRY A. ROBINSON

5-10-07

850-478-4172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBINSON IMAGING COMPANY

"The Tradition Continues"

DEAR SIRS,

I WAS TOLD BY AN AGENT IN YOUR OFFICE
MY FEES OF 150.00 WAS PAID FOR THE YEAR 2004 -
I AM SENDING A BUSINESS CHECK FOR THE AMOUNT
OF 1050.00 TO REINSTATE MY CORP. IF THERE ARE
ANY QUESTIONS, PLEASE CONTACT ME @ 850-478-4172

Thank You

Liam J. RL

P.S.

I AM ALSO ADDING THE 8.75 FEE FOR
AN ADDITIONAL CERTIFICATE OF STATUS TO BE
FILED ONLINE