

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -5 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100088229821
02/13/07--01013--030 **308.75

REINSTATEMENT

CR2E081 (1/07)

DOCUMENT # PO3000060108

1. Corporation Name

TIM A. ROBBINS, JR., INC.

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

1141 COUNTRY LIVING ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BAKER

City & State

Zip

32531

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/04

5. FEI Number

20-0018606

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

TIMOTHY ALLAN ROBBINS JR

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

1141 COUNTRY LIVING ROAD

Suite, Apt. #, Etc.

City

BAKER

State

FL

Zip Code

32531

☒ 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

T = [Signature]
REGISTERED AGENT MUST SIGN

Date 2/5/2007

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
VIC	<u>HAROLD DAVID PAULK</u>	<u>P.O. BOX 2544</u>	<u>SANTA ROSA BCH, FL 32459</u>
SEC.	<u>JEN L. ROBBINS</u>	<u>1141 COUNTRY LIVING RD</u>	<u>BAKER, FL 32531</u>
P	<u>TIM ROBBINS JR</u>	<u>1141 Country Living Rd.</u>	<u>Baker, FL 32531</u>

100088229821
02/13/07--01013--031 **150.00

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:

T = [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2007 850-978-1761
Date Daytime Phone #

850-537-5904
Home

850-978-1761
Cell

2/5/07

TIM A. ROBBINS JR., INC.
RESIDENTIAL ELECTRICAL
ET# 0000517

292

24 HOUR SERVICE

6658 LINC

TWIMC,

THE EVENTS THAT LEAD UP TO THIS
RE-INSTATEMENT ARE AS FOLLOWS,

- 1) INVALID INFORMATION ON ORIGINAL APP-
LICATION.
 - A) WRONG ADDRESS.
 - B) WRONG FEIN #.
- 2) PERSONALLY DID NOT GET NOTICES TO
RENEW.
 - A) CORPORATE REPORT.
 - B) WORKERS COMP COMPLIANCE.

THANK YOU,
TFR