

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000091955

1. Corporation Name

A.C. Robinson & Company, Inc.

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

4391 NW 150 Street Road

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33054

Country
USA

3. Mailing Office Address

P.O. Box 541147

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip
33054

Country
USA

7. Name and Address of Current Registered Agent

Name
Anthony C. Robinson

Street Address (P.O. Box Number is Not Acceptable)
4391 NW 150 Street Road

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33054

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

REGISTERED AGENT MUST SIGN

Date **August 15, 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
Dir.	Anthony C. Robinson	4391 NW 150 Street Road	Miami, Florida 33054
Dir.	Dr. Edwin Keel	104 Florence Blvd.	Oxford, Alabama 36203
Dir.	Eddie Brown	2500 Anniston Airport Blvd.	Oxford, Alabama 36203

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 15, 2007

Date

305.303.6916

Daytime Phone #

FILED

07 AUG 23 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (1/07) 04101

4. Date Incorporated or Qualified
To Do Business in Florida

August 21, 2003

5. FEI Number
14-1896157

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

3001084 753 73
08/23/07--01004--016 **608.75

B. Mitchell AUG 23 2007

***Anthony C. Robinson
P.O. Box 54-1147
Miami, FL 33054
305.303.6916***

August 20, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

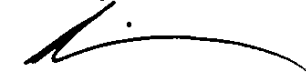
**RE: A.C. Robinson & Company, Inc.
Document # P03000091955**

To Whom It May Concern:

My small business was displaced by Tropical Storm Henri, which flooded the warehouse that I was leasing back in 2003. As a result of the storm, we lost all of our corporate documents and were finally forced to move.

I would like to reinstate my company to active status, and I have included the Corporation Reinstatement form and a check for \$608.75 to cover the fees. If you should have any questions please call me at 305.303.6916.

Anthony C. Robinson



Director