

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000130642

1. Corporation Name

R. W. ROBERSON, INC.

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

500 HICKORY NUT AVE.

Suite, Apt. #, etc.

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

U.S.

3. Mailing Office Address

500 HICKORY NUT AVE.

Suite, Apt. #, etc.

City & State

OLDSMAR, FLORIDA

Zip

34677

Country

U.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 22 AM 11:54

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02/27/07--01012--024 **450.00

REINSTATEMENT

CR2E081 (1/07)

05-07

4. Date Incorporated or Qualified
To Do Business in Florida

11/11/2003

5. FEI Number

043707803

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.

7. Name and Address of Current Registered Agent

Name RODNEY W. ROBERSON

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

500 HICKORY NUT AVENUE

Suite, Apt. #, Etc.

City

OLDSMAR

State

FL

Zip Code

34677

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

R. W. Roberson
REGISTERED AGENT MUST SIGN

Date 16 Feb 07

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
PRES.	RODNEY W. ROBERSON	500 HICKORY NUT AVENUE	OLDSMAR, FL 34677

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:

R. W. Roberson RODNEY W. ROBERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

16 Feb 07

Daytime Phone #

727-856-7669