

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 10 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000137608

1. Corporation Name

Shannon P. Robbins Inc.

2. Principal Office Address

8222 Alveron Ave

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32817

Country

USA

Zip

Country

500068109855  
03/20/06--01024--021 \*\*1058.75  
**REINSTATEMENT** 04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2003

5. FEI Number

20-0407444

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

Shannon P. Robbins

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

8222 Alveron Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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

X Shannon Robbins

REGISTERED AGENT MUST SIGN

Date 3/6/06

**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	Shannon P. Robbins	8222 Alveron Ave	Orlando FL 32817

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:

X Shannon Robbins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K Eckel MAR 14 2006

3/6/06

Date

407-227-8123

Daytime Phone #