2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000150938

City-St-Zip:

MARY ESTHER, FL 32569

FILED Oct 04, 2007 Secretary of State

Entity Nan	ne: ROBINS	ONS BOYS IN	С					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	RLAKE DRIVI HER, FL 325							
Current Mailing Address:				New Maili	New Mailing Address:			
	RLAKE DRIVI HER, FL 325							
FEI Number:	20-0475835	FEI Number	Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
STECKLEIN, MONIQUE CPA 367 OSBORNE DR NE FORT WALTON BEACH, FL 32548 US				296 S HOL	INFINITY FLOORING 296 S HOLIDAY RD DESTIN, FL FL US			
The above in the State		submits this st	atement for the pu	rpose of changing i	ts registered	d office or registered agent, or both,		
SIGNATURE: DONISE HERTZING					10/04/2007			
	Electror	nic Signature c	of Registered Agen	t		Date		
		3(2)(b), F.S., the g Trust Fund Co	•	receive the prior notic	e.			
OFFICERS	AND DIREC	TORS:		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS	š :	
Title: Name: Address: City-St-Zip:	P () MARTIN, JASO 575 TIMBERLA MARY ESTHER	KE RD.		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V () JOHNSON, SAI 575 TIMBERLA MARY ESTHER	KE DRIVE		Title: Name: Address: City-St-Zip:	COX, RICHA 575 TIMBER	(X) Change ()Addition RD LAKE DRIVE ER, FL 32569		
Title: Name: Address:	V () LINTON, TRAVI 575 TIMBERLA			Title: Name: Address:	LINTON, TRA	(X) Change ()Addition AVIS LAKE DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MARY ESTHER, FL 32569

SIGNATURE: JASON MARTIN P 10/04/2007