

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 AM 8:01

DOCUMENT # P04000166622

1. Corporation Name

Robinson's Complete
Universal Design, Inc.

000180277060
05/04/10--01048--013 **300.00

KS

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

8200 NW 47 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lauderhill FL

Zip

33351

Country

USA

City & State

Zip

Country

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/04

5. FEI Number

13-4290143

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

Leonard A. Robinson

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

8200 NW 47 Court

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

Leonard A. Robinson

Date 4/29/10

REGISTERED AGENT MUST SIGN

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	Leonard A. Robinson	8200 NW 47 Ct Lauderhill FL 33351	Lauderhill FL 33351

10. E-mail Address: _____

(To be used for future annual report notification)

11. 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. I further certify, 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: Leonard A. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/10 (95A) 791-4701

Date Daytime Phone #