

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000012019

1. Corporation Name

Roberts Wood & Trim Work, Inc.

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

1406 Blackhawk Trail E.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Office Address

1406 Blackhawk Trail E.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

USA

7. Name and Address of Current Registered Agent

Name

Vernon Roberts

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

1406 Blackhawk Trail E.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32225

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

Vernon Roberts

REGISTERED AGENT MUST SIGN

Date February 24, 2009

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
D	Roberts, Vernon Wayne	1406 Blackhawk Trail E.	Jacksonville, FL 32225

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:

Vernon Roberts

Vernon Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/09

Date

904-325-1801

Daytime Phone #

FILED

09 FEB 26 AM 9:46

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

200144516682
02/26/09--01029--023 **458.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-05

5. FEI Number
36-4567589

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.