

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000114084

1. Corporation Name

ROBED CORPORATION

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

7637 NW 116 AVE

Suite, Apt. #, etc.

City & State

DORAL FL

Zip
33178

Country
USA

3. Mailing Office Address

7637 NW 116 AVE

Suite, Apt. #, etc.

City & State

DORAL FL

Zip
33178

Country
USA

7. Name and Address of Current Registered Agent

Name
ELIZABETH ANDRADE

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

7637 NW 116 AVE

Suite, Apt. #, Etc.

City
DORAL

State
FL

Zip Code
33178

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

Elizabeth Andrade

REGISTERED AGENT MUST SIGN

Date **11-21-2007**

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
PD	ELIZABETH ANDRADE	7637 NW 116 AVE	DORAL FL 33178

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12/04/07--01006--022 **150.00

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:

Elizabeth Andrade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-2007

Date

Daytime Phone #

FILED

2007 NOV 26 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/2005

5. FEI Number

☒ 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.

NOV 26 2007