

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**

09 JAN -5 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 105000139076

### 1. Corporation Name

1. Corporation Name **Robb Delivery INC**

**2. Principal Office Address : No P.O. Box #**

3811 NW 21 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc. Apt 208

### 3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

Louderdale Lake

City &amp; State

Florida

Zip

33311

Country

U.S.

Zip

Country

**7. Name and Address of Current Registered Agent**

Name \_\_\_\_\_

Kerince George's

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

3811 NW 27 St. O Not 208

Suite, Apt. #, Etc.

Lauderdale e Jakes F.

State  
**FL**

Zip Code **33311**

**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

Date \_\_\_\_\_

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	Berince Georges	3811 NW 21 St. Apt 208 Auburndale FL 33811	Auburndale FL 33811
	<b>REINSTATEMENT</b>	<b>RH</b>	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #