

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # P28195

1. Corporation Name

ROBERTS BROTHERS CANNING COMPANY

98 NOV 20 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

515 NORTH FLAGLER DRIVE  
SUITE 1704  
WEST PALM BEACH FL 33401  
US

515 NORTH FLAGLER DRIVE  
SUITE 1704  
WEST PALM BEACH FL 33401  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

120 SOUTH OLIVE AVE.  
SUITE, Apt. #, etc.  
400

3. New Mailing Office Address, If Applicable

120 SOUTH OLIVE AVE.  
SUITE, Apt. #, etc.  
400

City & State  
WEST PALM BEACH, FL

City & State  
WEST PALM BEACH, FL

Zip 33401 Country US

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4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/1990

5. FEI Number

59-2989222

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CORLEY, RICARDO	515 NORTH FLAGLER DR #1704	W PALM BEACH FL
D	CORLEY, LESLIE M	515 NORTH FLAGLER DR #1704	W PALM BEACH FL

588882703815-2  
-12/04/98--01105--017  
\*\*\*\*\*758.75 \*\*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ET-CORPORATION-SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION-FL 33324

Name  
LESLIE M. CORLEY  
Street Address (P.O. Box Number is Not Acceptable)  
120 SOUTH OLIVE AVENUE  
Suite, Apt. #, Etc.  
400

City WEST PALM BEACH State FL Zip Code 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]* **NOT REQUIRED**  
REGISTERED AGENT MUST SIGN

Date Nov. 17, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(f), 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]*  
RICARDO CORLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov. 17, 1988 (561) 833-0296

CR2E040 (9/88)