

APPLICATION
FOR
REINSTATEMENT
FOR 97-98

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

98 NOV 18 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P93000016412

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

ROBERT ENTERPRISES OF FLORIDA, INC.
1336 N.W. 3 Street
Miami, FL 33125

Address
Address
City and State
Zip Code

REINSTATEMENT

97-98

3. Date Incorporated or Qualified To Do Business in Florida

4. FEI Number 65-0396688

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres	Julio Alonso	1336 N.W. 3 Street	Miami, FL 33125
Sec	Robert Alonso	1336 N.W. 3 Street	Miami, FL 33125
Treas	Aida Alonso	1336 N.W. 3 Street	Miami, FL 33125
			700002696257--4 -11/25/98--01006--020 ***1800.00 ***900.00

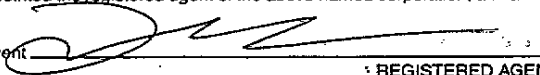
This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

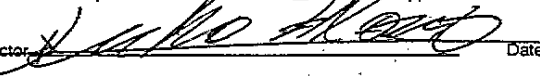
6. Name and Address of Current Registered Agent
Laurence J. Rohan
4675 Ponce de Leon Blvd. #302
Coral Gables, FL 33146-2113

7. Name and Address of New Registered Agent
Name
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number)
City and State FL. Zip Code

8. 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  Date 11/16/98
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director  Date 11/16/98 Phone # (305) 324-9533

Typed or printed name of signing officer or director: Julio Alonso President

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status