

# APPLICATION FOR REINSTATEMENT



DOCUMENT # P93000064463

**ROBERT SEARL DESIGN GROUP, INC.**

**Mailing Address**  
**469 SPINNAKER RD**  
**FT LAUDERDALE FL 33326**

09/15/1993

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	SEARL, ROBERT	<del>469 SPINNAKER RD</del> 389 MALCOLM LANE	FT LAUDERDALE FL 33326 WESTON 33327
			800002385088-8 -12/29/97-01133-013 ****750.00 ****750.00
			JB 12-24-97

SEARL, ROBERT  
400 SPINNAKER RD  
FRAUDERDALE FL 33328

City

State	Zip Code
FL	

Signature of  
Registered Agent

registered agent of the above named corporation, am  
Robert J. Earl

REGISTERED AGENT MUST SIGN

Date 12/1/97

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)(i), 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

Robert T. Soren

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E040 (8/97)