

PLEASE READ ALL INSTRUCTIONS BEFORE CO



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

FILED
 Feb 17 1998 8:00 am
 Secretary of State

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P94000020532**

1. Corporation Name
ROBERT STILIN, INC.

Principal Place of Business 292 S. COUNTY ROAD PALM BEACH FL 33490	Mailing Address 292 S. COUNTY ROAD PALM BEACH FL 33490
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TALLAHASSEE, FLORIDA



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida 03/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0475823	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	STILIN, ROBERT	292 S COUNTY ROAD	PALM BEACH FL 33840

2/17/98

900002434489--8
 -02/18/98--01083--005
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

MAASS, ROBB R
 321 ROYAL POINCIANNA PLAZA
 PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name
M. Timothy Hanlon
 Street Address (P.O. Box Number is Not Acceptable)
321 Royal Poinciana Plaza
 Suite, Apt. #, Etc.
 City
Palm Beach State **FL** Zip Code **33480**

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 *M. Timothy Hanlon* Date 01/13/98
 REGISTERED AGENT MUST SIGN

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: *Robert Scott Stilin* **ROBERT SCOTT STILIN, PRES.** Date 12/31/97 Daytime Phone # 561-832-8176
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP22E040 (8/97)