

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
• FOR
REINSTATEMENT



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

FILED

98 SEP -4 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000076939**

1. Corporation Name

Larry Robinson Enterprises, Inc.

~~W4500019652~~

REINSTATEMENT 96-98
a

Principal Place of Business

Mailing Address

403 North State Highway 74, Suite F
Peachtree City, GA 30269

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

10/12/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0525311

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/D	Larry W. Robinson	876 Southern Shore Drive	Peachtree City, GA 30269
S/D/T	Terri Robinson	876 Southern Shore Drive	Peachtree City, GA 30269

500002636365--0
-09/10/98--01062--003
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Larry W. Robinson
403 North State Highway 75, Suite F
Peachtree, GA 30269

Name

Larry W. Shoyan

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

6501 SW 61st

Suite, Apt. #, Etc.

S. Miami

City

S. Miami

State
FL

Zip Code
33143

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]
REGISTERED AGENT MUST SIGN

Date 8-1-98

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/98
Date

770 486 7548
Daytime Phone #

CR20040 (1-98)