

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 11:58

DOCUMENT # P94000087717

1. Corporation Name

ROB GUSTIN, INC.

Principal Place of Business

Mailing Address

3025 N. OLD DIXIE HWY
DELRAY BEACH FL 33483

3025 N. OLD DIXIE HWY
DELRAY BEACH FL 33483



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1994

5. FEI Number

65-0538374

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GUSTIN, ROBERT L	53 RUTLAND LANE	BOYNTON BEACH FL 33436

200004649282--1
10/23/01-01015-011
****750.00 ****750.00

12/10/02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUSTIN, ROBERT L
3025 N. OLD DIXIE HWY
DELRAY BEACH FL 33483

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert L. Gustin
REGISTERED AGENT MUST SIGN

Date

12 OCT 01

11. 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:

Robert L. Gustin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. GUSTIN

Date

Daytime Phone #

12 OCT 01
561 702-8800

CR2040 (8/01)