

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAY 10 AM 7:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000006825

**1. Corporation Name**

Robin A. Kocielko, CPA, CFP, PA

2240 Woolbright Road  
2240 Woolbright Road

**REINSTATEMENT** 02-04

**2. Principal Office Address**

2240 Woolbright Road

**3. Mailing Office Address**

2240 Woolbright Road

Suite, Apt. #, etc.

317

Suite, Apt. #, etc.

317

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

US

Zip

33426

Country

US

000035807840  
05/10/04--01050--014 \*\*450.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 1/24/95

**5. FEI Number**

65-0552837

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Robin A Standlee

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

165 Auburn Drive

Suite, Apt. #, Etc.

City

Lake Worth

State  
**FL**

Zip Code  
33460

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*See below*

Date 5/4/04

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Robin A. Standlee	165 Auburn Drive	Lake Worth FL 33460

**10. 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:**

*Robin A Standlee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

561 740-0115

Daytime Phone #

CR2E081 (01/04)