

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE  
Sandra Northam  
Secretary of Revenue  
DIVISION OF CORPORATIONS

DOCUMENT # **97-98 AR**  
**PA5000052108**

1. Corporation Name

Robert Hill Cobun, Inc.

Principal Place of Business

85 Kiltie Drive

New Hope, PA 18983

Mailing Address

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

7/11/1995

5. FEI Number

65-0596905

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)

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	Robert H. Cobun	85 Kiltie Drive	New Hope, PA 18983
			200002495852-0
			04/22/98 01005-002
			****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert H. Cobun

85 Kiltie Drive 4220 Cypress Green Ln.

New Hope, PA 18983

Vero Beach, FL 32967

Name

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

Suite, Apt. #, Etc.

City

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 H. Cobun

Date

2-23-98

ROBERT H. COBUN REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert H. Cobun R.H. COBUN

Date

Daytime Phone #

2-23-98 862-1782