

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

162

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 31 PM 1:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000052925

1. Corporation Name

Robert Bruce Dehring, Co.

2. Principal Office Address

18331 Pines Blvd

Suite, Apt. #, etc.

P.M.B. # 222

City & State

Pembroke Pines, Florida

Zip

33029

Country

U.S.

3. Mailing Office Address

18331 Pines Blvd

Suite, Apt. #, etc.

P.M.B. # 222

City & State

Pembroke Pines, Florida

Zip

33029

Country

U.S.

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1995

5. FE Number

650596313

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

Robert B. Dehring

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

18236 N.W. 6th Street

300081401853

10/31/06--01082--008 **300 00

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/26/06

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
P/D	Robert Dehring	18236 N.W. 6th St.	Pembroke Pines, FL 33029
S/D	Faith Dehring	18236 N.W. 6th St.	Pembroke Pines, FL 33029

REINSTATEMENT 05-06

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10/26/06 754 204 5575

Date

Daytime Phone #

Robert Bruce Dehring, Co.
P.M.B. #222,
18331 Pines Blvd
Pembroke Pines, FL 33029

ryr

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

In 2005, I did not receive the notice to file the annual corporate report. I am requesting the waiving of the late filing fees so that the company can be reinstated. I have enclosed the completed reinstatement form and the filing fees.

Sincerely Yours,



Robert B. Dehring
Owner
Robert Bruce Dehring, Co. / Doc P95000052925