

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000053225

1. Corporation Name

ROBY ENTERPRISES, INC.

Principal Place of Business

301 SAND RIDGE DRIVE
VALRICO FL 33594

Mailing Address

301 SAND RIDGE DRIVE
VALRICO FL 33594

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

07/03/1995

5. FEI Number

59-3327226

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SETTECASI, FRANK <i>Frank Settecas</i>	1140 WISPER RUN COURT	LUTZ FL 33549
D	COLLA, KIM <i>Kim M. Colla</i>	308 SAND RIDGE DRIVE	VALRICO FL 33594
D	FLESHMAN, WILLIAM <i>William Fleshman</i>	301 SAND RIDGE DRIVE	VALRICO FL 33594
D	LYNCH, JOHN <i>John Lynch</i>	2619 MANOR OAK DRIVE	VALRICO FL 33594
			100002052321--2 -01/09/97-01039-011 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

--- SETTECASI, FRANK
1140 WISPER RUN COURT
LUTZ FL 33549

9. Name and Address of New Registered Agent

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

Frank Settecas
REGISTERED AGENT MUST SIGN

Date 03-OCT-96

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)(b), 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:

John Lynch
SIGNATURE OF OFFICER OR DIRECTOR OR RECEIVER OR TRUSTEE

Oct 3, 1996 (811) 634-1520

FILED
97 JAN -6 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

96 MWB
1-8-97

OR2E040 (7/95)