

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

93 JAN 12 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055294

1. Corporation Name

ROBSON INTERNATIONAL INCORPORATED

Principal Place of Business

4215 70TH DRIVE EAST
SARASOTA FL 34243

Mailing Address

4215 70TH DRIVE EAST
SARASOTA FL 34243



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/28/1996	
City & State		City & State		5. FEI Number	
				65-0684146	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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
Pres	James T. Robson	4215 70th Dr.E.	Sarasota, FL 34243
Secty Treas.	Karen Lynn Robson	4215 70th Dr.E.	Sarasota, FL 34243

REINSTATEMENT

1997

G. Allen

Jan. 12, 1998

8. Name and Address of Current Registered Agent

MYERS, JOHN J
2831 RINGLING BLVD.
B-107
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is not acceptable)	
Suite, Apt. #, Etc.	
City	
State	Zip Code
FL	

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/97 (941) 351-8022

Date

Daytime Phone #

CR2E040 (8/97)