

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

0203R

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000090440**

1. Corporation Name

ROBERIC, INC.

Principal Place of Business

**6390 GULF BLVD
ST. PETE BEACH FL 33706
US**

Mailing Address

**6390 GULF BLVD
ST. PETE BEACH FL 33706
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1996

5. FEI Number

59-3414023

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 3	City / State / Zip 4
D	RICE, ROBERT B	5408 PALI WAY	ST. PETE BEACH FL 33706
D	BEERS, ERIC E	8320 GOLF BLVD	ST. PETE BEACH FL 33706

8000009005738
11/14/02--01067--006 **158.75

8. Name and Address of Current Registered Agent

**BROIDA, JOEL D ESQ.
605 75TH AVENUE
ST. PETE BEACH FL 33706**

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/7/02

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/02 727-363-4300

CR2E040 (8/02)

E.E. BEERS

JEWELERS

6390 GULF BLVD. ST. PETE BEACH, FL. 33706

(727)363-4300

TO: FL. DEPT OF STATE

10/22/02

RE: APPLICATION FOR REINSTATEMENT

I RECEIVED DOCUMENT# P96000090440:
TODAY AND WAS SHOCKED, I DO NOT REMEMBER GETTING ANY
NOTICES OF THIS ACTION UNTIL NOW. HAD I KNOWN OF THIS I _____
WOULD HAVE TAKEN CARE OF IT. IN THE FUTURE I WILL MAKE
IT A POINT TO WATCH FOR ANY NOTICES ABOUT THIS FILING
FOR OUR CORPORATION.

THANK YOU FOR YOUR CONSIDERATION



ERIC E. BEERS
PRESIDENT: ROBERIC CORP.
727-363-4300