

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS



REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 4:04

DOCUMENT # P96000100060

1. Corporation Name

ROB AND RICHARD, INC.

Principal Place of Business

Mailing Address

737 19TH AVE N
ST. PETERSBURG FL 33704

737 19TH AVE N
ST. PETERSBURG FL 33704

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

12/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3422523

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	WAUGH, RICHARD F.	737 19TH AVE N	ST. PETERSBURG FL 33704
VP	ELKINS, JR W	737 19TH AVE N	ST. PETERSBURG FL 33704
			400004657924--5 -10/29/01--01091--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAUGH, RICHARD
737 19TH AVE N
ST. PETERSBURG FL 33704

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/01

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

Date

10/15/01

Daytime Phone #

727-522-4122

CR2E040 (8/01)

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

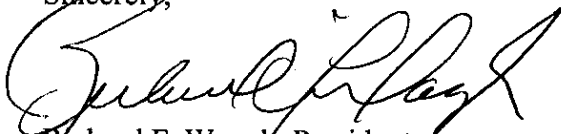
Attn: Mr. Andy Dunlap

Dear Mr. Dunlap:

It was nice speaking with you this morning, and I appreciate you allowing us to write this letter. We have never been late for filing, but we did not receive the notices this year. We have had a several different postman to our home address this year, and have found out that many pieces of mail were not delivered not only to us but to neighbors if it had a different name, corporate name, etc.

We are enclosing a check, per your instructions, for the \$150.00 fee, and appreciate any consideration you can give us.

Sincerely,



Richard F. Waugh, President
Rob and Richard, Inc