

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 18 PM 12:32

DOCUMENT # P97000065801

1. Corporation Name

Robert Ceiling, Inc.

2. Principal Office Address

2001 N.W. 32 St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Zip

33309

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/28/97

5. FEI Number

65-0822081

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Stephen W. Gilbertson, CPA

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

2200 NE 26 St.

200003278272-2

Suite, Apt. #, Etc.

-06/06/00-01061-020
****900.00 ****900.00

City

Wilton Manors

State

FL

Zip Code

33305

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

St. W. Gilbertson, CPA

Date 5/14/00

REGISTERED AGENT MUST SIGN

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

PS, T, D	Robert - Hornor	2001 N.W. 32 St.	Oakland Park, FL 33309

5/16/01

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 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:

Robert L. Hornor

Date

5-16-01 (954) 535-1387

Daytime Phone #

CR2E081 (9/99)