

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~



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

1. Corporation Name

Principal Place of Business

Mailing Address

2001 N.W. 32 ST. -
OAKLAND PARK FL 33309

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

07/28/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 |
|---------------|---|--|---|
| PSTD | HORNOR, ROBERT | 2001 N.W. 32 ST. | OAKLAND PARK FL 33309 |
| | | | |
| | | | 500004662785--2 -11/01/01--01052--007 ****150.00 ****150.00 |
| | | | |
| | | | |
| | | | SP |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILBERTSON, STEPHEN W C.P.A.
2200 N.E. 26TH STREET
WILTON MANORS FL 33305

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

REGISTERED AGENT MUST SIGN

Date 10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(954) 535-1387

202

10-16-01

To whom it may concern,

I am writing you this letter so that you will reinstate my business without charging me a reinstatement fee.

Ms. Eula Petersen told me that two notices were sent to me prior to my receiving the revocation notice. I never received either notice and was shocked to receive the revocation notice.

I am enclosing a check for \$150⁰⁰ for what I hope to be the correct amount of money. I would have gladly paid that amount earlier if I had received any previous notices.

Sincerely,

Robert W. Horn
(owner) Robert Ceiling Inc.