

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 DEC 18 AM 10:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # **P98000001003**

1. Corporation Name
ROBERT FLOYD ENTERPRISES, INC.

Principal Place of Business Mailing Address
 231 ROYAL PALM WAY #100 231 ROYAL PALM WAY #100
 PALM BEACH FL 33480 PALM BEACH FL 33480

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 01/06/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0803248	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City & State
D	FLOYD, ROBERT	231 ROYAL PALM WAY #100	PALM BEACH FL 33480
VP	FLOYD, MARIE	231 ROYAL PALM WAY #100	PALM BEACH FL 33480
ST	RANDOLPH, BLAKE C	2550 N LOOP W.	HOUSTON TX 77092

500003529155-3
 -01/09/01--01022--025
 ****750.00 State ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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 **BRIAN COURTNEY, ASST. V.P.** Date **11/6/2000**
 REGISTERED AGENT MUST SIGN

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: **ROBERT FLOYD** Date **12/13/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/00)