

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
RESTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 10 AM 11:55

DOCUMENT # P98000001602

1. Corporation Name

ROBERTSON'S AUTO & TRUCK INC.

Principal Place of Business

Mailing Address

433 SPRING HAMMOCK COURT  
LONGWOOD FL 32750

433 SPRING HAMMOCK COURT  
LONGWOOD FL 32750



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

08-06-99 90004 022 \$550.00

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/05/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3509277	
				Applied For	
				Not Applicable	
				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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROBERTSON, WILLIAM A	433 SPRING HAMMOCK COURT	LONGWOOD FL 32750
D	ROBERTSON, WILLIAM A IV	433 SPRING HAMMOCK COURT	LONGWOOD FL 32750

10/18/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ROBERTSON, WILLIAM A 433 SPRING HAMMOCK COURT LONGWOOD FL 32750		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: *William A Robertson* REGISTERED AGENT MUST SIGN Date: 10/18/99

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)(l), 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: *William A Robertson Pres.* 10/18/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-4838151

**ROBERTSON'S  
AUTO & TRUCK REPAIR INC**  
1800 SOUTH BAY STREET  
EUSTIS, FL 32726  
(352) 483 - 8151

AUGUST 17<sup>TH</sup> 1999

**TO : FLORIDA DEPARTMENT OF STATE ,  
ATTENTION : ANDY DUNLOP OR SHAWN TNENER  
FEI # 59-3509277**

WE WOULD LIKE TO INFORM YOU THAT WE DID NOT RECEIVE THE FIRST NOTICE REGARDING THE YEARLY ANNUAL FOR OUR CORPORATION . WE DID RECEIVE THE SECOND ONE, BEING A RECENTLY NEW CORPORATION WE DID NOT KNOW WHAT THE REQUIREMENTS WERE AS A CORPORATION . WE WERE INFORMED THAT WE OWED A LATE FEE TOTALING \$550.00 WE ARE SORRY FOR THE INCONVENIENCE BUT WE WERE HAVING A LOT OF PROBLEMS WITH US POSTAL SERVICES.

(NOT RECEIVING OUR MAIL ON TIME OR NOT AT ALL).  
WE WOULD LIKE TO ASK FOR A REFUND IN THE AMOUNT OF \$400.00. SINCE THE TIME OF THE PROBLEMS WITH THE POSTAL SERVICE WE HAVE CHANGED OUR MAILING ADDRESS.

NEW ADDRESS :  
1800 SOUTH BAY STREET  
EUSTIS , FL 32726  
THIS ADDRESS IS AT OUR 2<sup>ND</sup> LOCATION

THANK YOU ,  
ROBERTSON'S AUTO & TRUCK INC.  
OWNER : WILLIAM A. ROBERTSON

