

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000027600**

1. Corporation Name

**ROBIN EGG BLUE ANTIQUES INC.**

Principal Place of Business

Mailing Address

**6355 NW 71 TERR.  
PARKLAND FL 33067**

**6355 NW 71 TERR.  
PARKLAND FL 33067**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

**03/23/1998**

5. FEI Number

**65-0526526**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual 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
<b>D</b>	<b>SCHWARTZ, ROBIN</b>	<b>6355 NW 71 TERR.</b>	<b>PARKLAND FL 33067</b>

**100003029941--5**  
**-11/01/99--01010--001**  
**\*\*\*150.00 \*\*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ROSENBERG, ERIC L**  
**6315 NW 71 TERR.**  
**PARKLAND FL 33067**

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

Date

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:

**ROBIN SCHWARTZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/18/99**  
Date

**981-989-0007**  
Daytime Phone #

**KE**

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Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date: October 18, 1999

RE: ROBIN EGG BLUE ANTIQUES, INC.

Dear Sirs:

I am sending my application for reinstatement for the above mentioned corporation. The mailing address listed for this corporation is correct. However, for the past several months we have been having problems with receiving our mail. We incorporated in 1998 and we were not aware of the annual filing. When we received the dissolution documents we were unaware of this filing requirement.

We are asking for forgiveness of the late penalty. We are submitting the annual fee for \$150 and await your decision on accepting our ignorance and reinstating the corporation.

Sincerely,



Robin Schwartz