

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

7/10/2

00 APR 11 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043796

1. Corporation Name

OB AND NAT, INC.

Principal Place of Business

1451 NE 60TH ST
FORT LAUDERDALE FL 33334

Mailing Address

1451 NE 60TH ST
FORT LAUDERDALE FL 33334



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

2. New Principal Office Address, If Applicable

Rosen Heritage Center
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

600 W. Broward Blvd
Suite, Apt. #, etc.

City & State

Zip Country

City & State

FLA. FL
33312 USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1998

5. FEI Number

65-0839328

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROSEN, ROBERT	1451 NE 60TH ST	FORT LAUDERDALE FL 33334

000003227220--5
-04/27/00--01086--007
****300.00 ****300.00

8. Name and Address of Current Registered Agent

ROSEN, ROBERT
1451 NE 60TH ST
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name ROBERT ROSEN
Street Address (P.O. Box Number is Not Acceptable)
600 West Broward Blvd
Suite, Apt. #, Etc.
FLA
City FLA
State FL Zip Code 33312

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

SIGNATURE REQUIRED

Date 3/31/2000

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 954-467-2234
Date Daytime Phone #

CR2E040 (8/99)

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March 31, 2000

To whom it may concern in The Department of State,

Enclosed you will find check #503 in the amount of three hundred dollars (\$300.00).

This should be applied to Rob and Nat Inc. annual report for the year 1999 in the amount of \$150.00 and the annual report for 2000 also in the amount of \$150.00. As per phone conversation with your department, 1999 is the first year Rob & Nat Inc. was subject to this fee and the company did not receive this report. Rob & Nat would automatically be eligible for waiver of all reinstatement expenses other than the \$150.00 annual fee. This should bring Rob & Nat Inc. current in payment. Thank you for all your help.

Sincerely,



Rob & Nat Inc./President
Federal Tax Id#65-0839328