

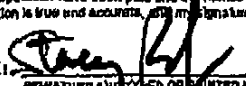
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T-040 P002/002 F-038

FAX AUDIT NO.: H05000076646 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. MAR 30 PM 3:22

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 299000020661			
1. Corporation Name Stacy Robins Companies, Inc.			
2. Principal Office Address 230 Fifth Street		3. Mailing Office Address 230 Fifth Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139	Country US	Zip 33139	Country US
4. Date Incorporated or Qualified To Do Business in Florida 03/05/1989		B. FEI Number 32-2164312	
		Applied For Not Applicable	
A. CERTIFICATE OF STATUS DESIRED ☐		\$275 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Registered Agents of Florida, LLC			
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street			
Suite, Apt. #, Etc. Suite 2900			
City Miami		State FL	Zip Code 33131
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.			
Signature of Registered Agent		Howard J. Vogel, V.P. Date 3/29/05	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Stacy Robins	230 Fifth Street	Miami Beach, Florida 33139
10. I certify that I am an officer or director or the receiver or trustee empowered to submit 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 debts satisfied as 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(5)(b), 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: 		Stacy Robins, President	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	3/29/05
		3057857325	

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305) 577-4177
Fax Number : (305) 373-6036

CORPORATION REINSTATEMENT

STACY ROBINS COMPANIES, INC.

Certificate of Status	0
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