

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000059098**

1. Corporation Name

ROBIN WILLIAMS, INC.

Principal Place of Business

**3109 UMBRELLA TREE DRIVE
EDGEWATER FL 32141**

Mailing Address

**3109 UMBRELLA TREE DRIVE
EDGEWATER FL 32141**

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

06/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WILLIAMS, ROBIN	3109 UMBRELLA TREE DRIVE	EDGEWATER FL 32141
SEE ATTACHED			
xsp			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FLORIDA STATE ACCOUNTING, INC.
533 N NOVA ROAD SUITE 115
ORMOND BEACH FL 32174-4421**

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Florida Accounting Service

202

Park Plaza Professional Building
533 N. Nova Road • Suite 115
Ormond Beach, Florida 32174
(904) 673-2752 • 673-2754
Fax: (904) 677-6735

November 17, 2000

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

RE: ROBIN WILLIAMS, INC.
ref number: P99000059098

To Whom it may Concern:

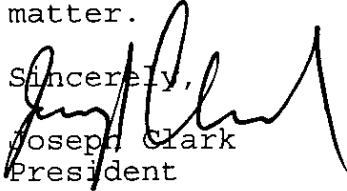
Please be advised that we are in receipt of your letter dated November 3, 2000 in which you have advised my client that her corporation has been administratively dissolved.

A review of her file indicates that back in April, 2000 she filed and paid her annual report. We have received no other communications until now.

Accordingly, we would request that you reconsider and reinstate. In the alternative in you decide not to reinstate, then we would request a refund in the amount of \$ 150.00 that was paid.

Thanking you in advance for your time and consideration in this matter.

Sincerely,


Joseph Clark
President

cc\file
Enclosures