

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 22 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000073353**

1. Corporation Name

S. Robertson Enterprises INC

REINSTATEMENT 11-13

APR 22 2013

T. CAULEY

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

1286 Jeffrey RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tal FL

City & State

Zip

32312

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593611718

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steve Robertson

Street Address (P.O. Box Number is Not Acceptable)

1286 Jeffrey RD

Suite, Apt. #, Etc.

City

Tal

State

FL

Zip Code

32312

800247109338
04/23/13--01001--023 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **April 22nd 2013**

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
Pres	Steve Robertson	1286 Jeffrey RD	Tal, FL, 32312
Pres	Jason Swain	1286 Jeffrey RD	Tal, FL, 32312
Officer	Mercedith Robertson	13 lakeside circle	Lake Stl, MO 63367
VP	John EVANS	9955 US 19 S	Thomasville GA 31792
Secretary	Kari-Lynn Brown	Tal, FL	3986 Bruce Ct 32303

10. E-mail Address: **Stever@Robertson Construction INC**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-13 251-7788
Date Daytime Phone #