

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
In the Office of the
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

DOCUMENT # P99000075517

1. Corporation Name

ROBERT JOHN, ARTITECTURE INC.

Principal Place of Business

5601 N. BAYSHORE DRIVE
MIAMI FL 33137

Mailing Address

5601 N. BAYSHORE DRIVE
MIAMI FL 33137

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

08/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0940721

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 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
P	GRABOSKI, ROBERT J	5601 N BAYSHORE DRIVE	MIAMI FL 33137

500005080965--1
03/11/02 01063 008
****300.00 ****300.00

8. Name and Address of Current Registered Agent

GIRABOSKI, ROBERT JOHN
5601 N. BAYSHORE DRIVE
MIAMI FL 33137

9. Name and Address of New Registered Agent

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 02 JAN 02

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.

AD

SIGNATURE:

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

02 JAN 02
Date

305 757 3250
Daytime Phone #

CR2E040 (8/01)

-2-

February 6, 2002

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

At: Leslie Sellers
Document Specialist

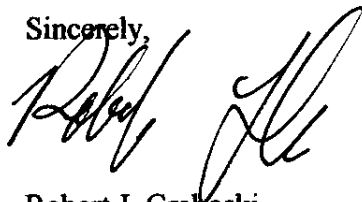
RE: Robert John, Artitecture, Inc. # P99000075517

As stated in our letter dated December 5, 2001, during last year we changed our original accountant who incorporated us in 1999. Upon hiring our second accountant, we gave him all our files for their review and subsequent advise on any additional filing requirements related to our legal standing and businesses. All paperwork pertaining Robert John, Artitecture, Inc. was handed to the accountant for such purpose. We were surprised upon receiving an Application for Reinstatement and made various attempts to reach the second accountant for an explanation, he never returned any of our calls for which we asked his clerk to deliver our file and proceeded to fire the accountant. As per our file thus rescued, Robert John, Artitecture, Inc. has no record of having received the uniform business report from the Florida Department of State or any other paperwork requesting or indicating the actions we should take to maintain our proper legal standing.

Enclosed please find the Application for Reinstatement and a check for \$150.00 for the Annual Report fee of \$61.25 and the Corporate Supplemental fee of \$88.75. We respectfully request the Reinstatement fee of \$600.00 be waived due to the reasonable cause as stated above.

If you require any additional information please do not hesitate to contact us.

Sincerely,



Robert J. Graboski
President