

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000104164

1. Corporation Name

ROBBINS PLUMBING, INC.

2. Principal Office Address

809 Driver Ave.

3. Mailing Office Address

809 Driver Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

Orange

Zip

32789

Country

Orange

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/29/1999

5. FEI Number

59-3629302

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

Robbins, Wayne H.

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

809 Driver Ave.

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code

32789

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

Wayne H. Robbins

REGISTERED AGENT MUST SIGN

Date April 4, 2001

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
D	Robbins, Carol A	809 Driver Ave.	Winter Park, FL 32789

10. 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

Carol Robbins
Carol Robbins

4/4/01

Date

Daytime Phone #

407-947-9897

CR2E081 (9/00)

April 6, 2001

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

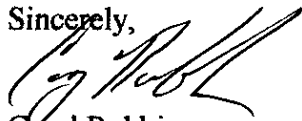
Subject: ROBBINS PLUMBING, INC.
Ref Number: P99000104164

Attn: Michelle Milligan
Document Specialist

Per our conversation of March 27, 2001, concerning the corporation ^{Renewal} reinstatement application that I had not received, I am enclosing the completed form that I received from your office, along with the \$300.00 application fee.

Thank you in advance, for your cooperation concerning the filing of this document.

Sincerely,



Carol Robbins
President, Robbins Plumbing