

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84248**

1. Corporation Name

ROBBINS TELECOMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

2400 NORTH TAMIMI TRAIL
#201
NAPLES FL 34102
US

2400 NORTH TAMIMI TRAIL
#201
NAPLES FL 34102
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1991

5. FEI Number

65-0288747

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ROBBINS, JOHN R	2400 N TAMIAMI TR # 201	NAPLES FL 34102
VP	MORGAVO, LOUIS	2400 N TAMIAMI TR # 201	NAPLES FL 34102
ST	ROBBINS, KELLI A	2400 N TAMIAMI TR # 201	NAPLES FL 34102
			800002699698--5 -12/02/98--01001--023 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALVATORI, LEO J
4501 TAMIAMI TRAIL N
SUITE 300
NAPLES FL 33940

Name

JOHN R. ROBBINS

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

2400 TAMIAMI TRAIL N. # 201

Suite, Apt. #, Etc.

Suite 201

City

NAPLES

State

FL

Zip Code

34102

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

John R. Robbins

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11/16/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

John R. Robbins

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-16-98

Date

(441) 263-6900

Daytime Phone #

CR2E040 (9/93)