

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 22 PM 4:41

DOCUMENT # 585033

1 Corporation Name

Robbins Electric Inc

Principal Place of Business

Mailing Address

11975 SW 49th Street  
MIAMI, FL 33175

SAME

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

10-3-91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5 FEI Number

65-0315332

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
0	William Robbins	11975 SW 49 ST	MIAMI, FL 33175

100003060951--4.  
-12/06/99--01009--010  
\*\*\*\*150.00 \*\*\*\*150.00

8 Name and Address of Current Registered Agent

9 Name and Address of New Registered Agent

William Robbins  
11975 SW 49 ST  
MIAMI FL 33175

Name

William Robbins

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

11975 S.W. 49 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

*William Robbins*

REGISTERED AGENT MUST SIGN

Date 11-17-99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30, 99

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)(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

11-17-99

Date

305 223 727

Daytime Phone

# **W. ROBBINS ELECTRIC, INC.**



P.O. BOX 266, OLYMPIA HEIGHTS BRANCH, MIAMI, FLORIDA 33165

PHONE 223-1727

Thursday, November 18, 1999

Annual Reports Filings  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Sir:

Enclosed is my "Application for Reinstatement" with a \$150.00 check attached for the 1999 annual fee. We have just discovered that our corporation has been administratively dissolved. We have not previously received any forms to pay the annual report fees, or any notices of delinquencies:

Our corporate officers and shareholders have changed since our initial incorporation and apparently any notices or forms were never forwarded to us. Please accept our attached check as full payment for the 1999 annual fees, and please abate any penalty assessment related to our late filing of this form.

Please correct your files with our new officer's name.

Thank you for your consideration and help in this matter.

Sincerely,