


2007 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 JAN -9 AM 11:24

DOCUMENT # S85033	
1. Entity Name ROBBINS ELECTRIC INC.	

Principal Place of Business 19451 SHERIDAN ST SUITE 232 PEMBROKE PINES, FL 33332	Mailing Address 19451 SHERIDAN ST SUITE 232 PEMBROKE PINES, FL 33332
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2. Principal Place of Business - No P.O. Box # 3208 NW 89way	3. Mailing Address 3208 NW 89way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065	Zip 33065
Country USA	Country USA

6. Name and Address of Current Registered Agent ROBBINS, MARK 11975 S.W. 49TH STREET MIAMI, FL 33175	
7. Name and Address of New Registered Agent Name: MARK Robbins Street Address (P.O. Box Number is Not Acceptable): 3208 NW 89way City: Coral Springs FL Zip Code: 33065	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

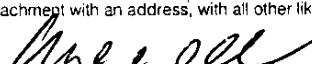
SIGNATURE:  MARK N. Robbins, Pres. 12-29-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBBINS, MARK 3208 NW 89 WAY POMPANO BEACH, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900114552369 01/09/08--01029--001 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARK N. Robbins Pres 12-29-07 786 295 0895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #