

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S88181

1. Corporation Name

ROBOCO, INC.

Principal Place of Business

2700 WEST AVE.
PANAMA CITY BEACH FL 32408

Mailing Address

P.O. BOX 9158
PANAMA CITY BEACH FL 32417
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.

2817 WEST AVE.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL.

City & State

Zip

32408

Country

US

Zip

Country

REINSTATEMENT

10/18/1991

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3090147

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	City / State / Zip
P	OAKES, ROBERT C. JR.	2700 WEST AVE.	PANAMA CITY BCH FL 32408
P	OAKES ROBERT C. JR.	2817 WEST AVE.	PANAMA CITY BEACH FL 32408
			800003514758--8 -12/27/00--01075--024 *****700.00 *****700.00
			800003514758--8 -12/27/00--01075--025 *****58.75 *****58.75

8. Name and Address of Current Registered Agent

OAKES, ROBERT, JR.
2700 WEST AVENUE
PANAMA CITY BEACH FL 32408

9. Name and Address of New Registered Agent

Name OAKES, ROBERT C. JR.

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

2817 WEST AVE.

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32408

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

Robert C. Oakes JR. REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/15/00

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.

SIGNATURE:

Robert C. Oakes JR. ROBERT C. OAKES JR. 12/15/00 850-230-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #