

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **V 50842**

1. Corporation Name

ROB TECHNICAL SERVICES INC

2. Principal Office Address

972 ALLAMANDA DR
Suite, Apt. #, etc.

3. Mailing Office Address

972 ALLAMANDA DR
Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33483

Country

US

Zip

33483

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07-13-1992

5. FEI Number

65-0354908

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

ROBERT E. O'BRIEN

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

972 ALLAMANDA DR

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33483

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

Robert E O'Brien

REGISTERED AGENT MUST SIGN

Date **7-17-2002**

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
P	ROBERT E. O'BRIEN	972 ALLAMANDA DR	DELRAY BEACH FL 33483

REINSTATEMENT 01-02
TO

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)(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:

Robert E O'Brien

ROBERT E. O'BRIEN

7-17-2002

561-279-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 JUL 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

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