


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 AUG 19 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100007310331--8
-08/23/02--01043--008
****300.00 ****300.00

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M55119 1. Corporation Name Robinsk of Florida			
2. Principal Office Address 2001 NE 214 Terrace		3. Mailing Office Address Same	
Suite, Apt. #, etc. ---		Suite, Apt. #, etc. ---	
City & State N. Miami Beach, FL		City & State ---	
Zip 33179	Country ---	Zip ---	Country ---

4. Date Incorporated or Qualified To Do Business in Florida 7/7/87	
5. FEI Number 65-0064721	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name DORITA OSALVO	
Street Address (P.O. Box Number is Not Acceptable) 2001 NE 214 Terrace	
Suite, Apt. #, Etc. ---	
City N. Miami Beach, FL	State FL
Zip Code 33179	

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: *Diana Ortiz* Date: 8/1/02
 REGISTERED AGENT MUST SIGN

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
Director	LEON PAPU	2001 NE 214 Terrace	N. M.B. FL 33179

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)(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]* Date: 8/12/02 Daytime Phone #: 954-917-0606
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)