



8:04:16 AM 7/23/2013

Licensee Details

Licensee Information

Name: **ROBINSON, MICHAEL ALAN (Primary Name)**
(DBA Name)
Main Address: **921 SHADOW DRIVE, STE. 3**
LAKELAND Florida 33809
County: **POLK**
License Mailing:
License Location:

License Information

License Type: **Professional Engineer**
Rank: **Prof Engineer**
License Number: **28317**
Status: **Current, Active**
Licensure Date: **03/07/1980**
Expires: **02/28/2015**

Special Qualifications **Qualification Effective**
Building Code Core
Course Credit

[View Related License Information](#)

[View License Complaint](#)

1940 North Monroe Street, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

The State of Florida is an AA/EEO employer. [Copyright 2007-2010 State of Florida. Privacy Statement](#)

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public-records request, do not send electronic mail to this entity. Instead, contact the office by phone or by traditional mail. If you have any questions, please contact 850.487.1395. *Pursuant to Section 455.275(1), Florida Statutes, effective October 1, 2012, licensees licensed under Chapter 455, F.S. must provide the Department with an email address if they have one. The emails provided may be used for official communication with the licensee. However email addresses are public record. If you do not wish to supply a personal address, please provide the Department with an email address which can be made available to the public. Please see our [Chapter 455](#) page to determine if you are affected by this change.