

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000003673**

1. Corporation Name

TROY PROPERTIES, INC.

Principal Place of Business

**217 TRELIS WALK
CENTERVILLE GA 31028**

Mailing Address

**P.O. BOX 8048
WARNER ROBINS GA 31095**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

58-2210679

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	HILBERT, JOHN TROY	217 TRELIS WALK	CENTERVILLE GA 31028
VS	HILBERT, CLAUDINE E	217 TRELIS WALK	CENTERVILLE GA 31028

8. Name and Address of Current Registered Agent

**DOPSON, TINA LOUISE
229 CRANES LAKE DRIVE
PONTE VEDRA BEACH FL 32082**

9. Name and Address of New Registered Agent

Name **TINA LOUISE HILBERT**
Street Address (P.O. Box Number is Not Acceptable)
235 CRANES LAKE DRIVE
Suite, Apt. #, Etc.
City **PONTE VEDRA BEACH** State **FL** Zip Code **32082**

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. or 617.0505, F.S.

Signature of
Registered Agent

Tina Louise Hilbert
TINA LOUISE HILBERT

Date **12-3-02**

REGISTERED AGENT MUST SIGN

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:

John Troy Hilbert
JOHN TROY HILBERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/02
Date

478-954-0699
Daytime Phone #

CR2E040 (8/02)

December 3, 2002

John Troy Hilbert
Troy Properties, Inc.
217 Trellis Walk
Centerville, Georgia 31028

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

This letter is to inform the Division of Corporations that my company did not receive the two prior Uniform Business Report notices.

I have included the application for reinstatement for Troy Properties, Inc. along with the appropriate fee. I have also included the additional \$8.75 for a notice of status.

Thank you very much for your help in resolving this issue.

Sincerely,



John Troy Hilbert
President
Troy Properties, Inc.