

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 125558

1. Corporation Name

W.L. COBB CONSTRUCTION COMPANY

Principal Place of Business

200 42ND AVENUE NORTH
NASHVILLE TN 37209

Mailing Address

P. O. BOX 90268
NASHVILLE TN 37209
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1931

5. FEI Number

59-0198860

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DV	OMAN, JOHN JR.	200 42ND AVENUE NORTH	NASHVILLE TN 37209
DS	HORN, DWIGHT	200 42ND AVENUE NORTH	NASHVILLE TN 37209
CPD	OMAN, JACK A.	200 42ND AVENUE NORTH	NASHVILLE TN 37209
			800003459348--5 -11/09/00--01038--017 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

VARN, JACOB D ESQ
C/O STEEL, HECTOR & DAVIS
215 SOUTH MONROE STREET, SUITE 601
TALLAHASSEE FL 32301-1408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Lower White
2101 N Monroe St., Ste. 1090
Tallahassee FL 32301

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

John A. Oman, Jr.
REGISTERED AGENT MUST SIGN

Date 23 October 2000

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 A. Oman, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John A. Oman, Jr.

10-17-2000

Date

(615) 385-2500

Daytime Phone #

KE