

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 145220

1. Corporation Name

KILGORE ACE HARDWARE, INC.

Principal Place of Business

Mailing Address

P O Box 5298
Tampa, Florida 33675
USA

P-O-Box-5298-
Tampa, Florida-33675-
USA-

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
33807-6629

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1945

5. FEI Number

59-0548899

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	Bambi Kilgore Hooker	707 North Johnson Street	Plant City, Florida 33566

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John M. Kilgore
1304 North Maryland Avenue
Plant City, Florida 33566

Name

Law Offices of Mark F. Dahle, PA

Street Address (P.O. Box Number is Not Acceptable)
5150 South Florida Avenue

Suite, Apt. #, Etc.

Suite 101

City

Lakeland

State

FL

Zip Code

33813

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-4-98

11. This corporation owes or has paid the current year PAY
Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

Bambi Kilgore Hooker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/4/1998 941-499-2870
Daytime Phone #

FILED

98 NOV -6 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98

CR2E040 (1/98)

2



ACCOUNT NO. : 072100000032

REFERENCE : 024033 88335A

AUTHORIZATION : *Patricia Pizote*

COST LIMIT : \$ 908.75

ORDER DATE : November 6, 1998

ORDER TIME : 1:52 PM

ORDER NO. : 024033-005

CUSTOMER NO: 88335A

CUSTOMER: Mark F. Dahle, Esq
Mark F. Dahle, Esq
P.O. Box 6629

Lakeland, FL 33807-6629

DOMESTIC FILINGS

NAME: KILGORE ACE HARDWARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janice Vanderslice
EXAMINER'S INITIALS _____

RECEIVED
98 NOV -6 PM 2:40
DIVISION OF CORPORATION