

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

APPROVED
FILED
02 SEP -9 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 274698

1. Corporation Name

C. A. HOBBS, JR., INC.

2. Principal Office Address

700 W. TRUMAN AVEUE

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

USA

3. Mailing Office Address

700 W. TRUMAN AVENUE

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32505

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/14/1963

5. FEI Number

59-1028988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LAURyce G. HOBBS

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

700 W. TRUMAN AVENUE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

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

Lauryce G. Hobbs

Date 09/05/02

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
PD	C. A. HOBBS, III	700 W. TRUMAN AVENUE	PENSACOLA, FL 32505
STD	LAURyce G. HOBBS	700 W. TRUMAN AVENUE	PENSACOLA, FL 32505

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

Lauryce G. Hobbs LAURyce G. HOBBS

09/05/02

(850)435-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/01)

700 W. Truman Avenue
Pensacola, FL 32505

C. A. Hobbs, Jr., Inc.

September 5, 2002

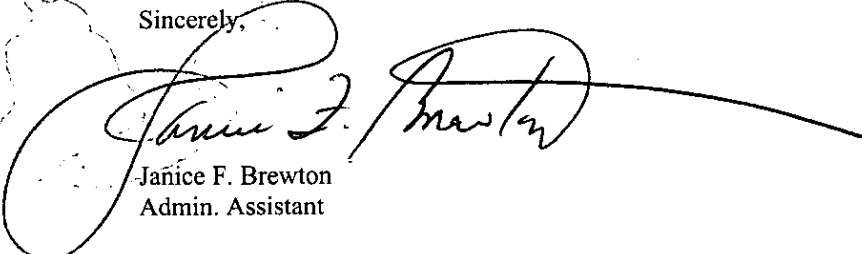
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: C. A. Hobbs, Jr., Inc./Doc.# 274698

To Whom It May Concern:

Enclosed please find the Corporation Reinstatement Form for the above reference corporation along with our check in the amount of \$300.00 for 2 years. This is to advise you that we never received the annual notices and we do apologize for any inconvenience. We have made all necessary corrections and you may contact us at (850) 435-7771 if there are any questions and/ or concerns.

Sincerely,



Janice F. Brewton
Admin. Assistant