

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR REINSTATEMENT**



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

APPROVED
AND
FILED

97 JUL 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 392445

1. Corporation Name

G.W. & H.M. HOBBS CORPORATION

Principal Place of Business

Mailing Address

**450 Village Place
Apt. E-120
Longwood, FL 32779**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/71

5. FEI Number

59-146 0914

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	G. WARFIELD HOBBS IV	181 Mariomi Rd.	New Canaan, CT 06840
S/D	HELEN M. HOBBS	450 Village Place, Apt E-120	Longwood, FL 32779
D	SUSAN HOBBS CONNELL	28 Water Street	Stonington, CT 06378
D	WILLIAM M. HOBBS	4470 North Ardmore Ave.	Milwaukee, WI 53211

REINSTATEMENT 93-97

a. alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

ROBERT L. MOORE

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

227 Nokomis Ave. S.

Suite, Apt. #, Etc.

800002242878--5

City

Venice

07/21/97-01082-001

*****2800, FL 34285.00**

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

Robert L. Moore

REGISTERED AGENT MUST SIGN

Date **June 20, 1997**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helen M. Hobbs
Sec. / Director

July 7, 97

Date

407 788-9225

Daytime Phone

CR2E040 (12/96)