

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99 AR
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 18 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754760

1. Corporation Name

THE NORTHWEST COBRA'S CLUB, INC

Principal Place of Business

Mailing Address

5638 MONCRIEF ROAD

JACKSONVILLE, FLA 32209

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

4. Date Incorporated or Qualified
To Do Business in Florida

March 7, 1997

5. FEI Number

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	JOSEPH J. JILES	5353 ARLINGTON EXWAY #12-J	JACKSONVILLE, FLA 32211
V/D	CORANITA M. PERKINS	2816 N. MYRTLE AVE	JACKSONVILLE, FLA 32209
T/D	LORETTA Y. WILLIAMS	1817 FRANCIS ST	JACKSONVILLE, FLA 32209
S/D	ANDREW P. PERKINS	2816 N. MYRTLE AVE	JACKSONVILLE, FLA 32209

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*****97.50 *****97.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREW P. PERKINS
2816 N. Myrtle Ave
Jacksonville, fla 32209

Name

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

Suite, Apt #, Etc

City

State
FL

Zip Code

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 Andrew P. Perkins

REGISTERED AGENT MUST SIGN

Date May 4, 1999

11. This corporation owes the current year
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: ANDREW P. PERKINS / Andrew P. Perkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 4, 1999

Date

Daytime Phone #

5/27/99