

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 # F83191

1. Corporation Name

T.A. KREBS, INC.

Principal Place of Business

6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243

Mailing Address

6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243

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

2. New Principal Office Address, If Applicable

1460 S. McCALL RD

Suite, Apt. #, etc.

SUITE 4A

City & State

ENGLEWOOD, FL

Zip

34223

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1982

5. FEI Number

59-2203444

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
PD	KREBS, TIMOTHY A	6908 KIMBERLYNN CIRCLE	SARASOTA FL
STD	KREBS, KATHLEEN A	6908 KIMBERLYNN CIRCLE	SARASOTA FL
			200002702372--8
			12/03/98 01098 012
			****750.00 ****750.00
			11/30

8. Name and Address of Current Registered Agent

KREBS, TIMOTHY A
6908 KIMBERLYNN CIRCLE
SARASOTA FL 34243

9. Name and Address of New Registered Agent

Name

KREBS, TIMOTHY A.

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

1460 S. McCALL RD

Suite, Apt. #, Etc.

SUITE 4A

City

ENGLEWOOD

State

FL

Zip Code

34223

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

Timothy A. Krebs **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/24/98

11. This corporation owes or has paid 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:

Timothy A. Krebs **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98
Date

941-475-7327
Daytime Phone #

APPROVAL
AND
FILED

98 NOV 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96

CR2000 (8/98)