

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K44272

1. Corporation Name

98 SHIPYARD, INC.
% G.M. HOBBS

2. Principal Office Address

1654 E 5th Street

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

93-00

4. Date Incorporated or Qualified
To Do Business in Florida

11/8/88

5. FEI Number

59-2927761

Applied For

Not Applica

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee req
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

G.M. Hobbs

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

1654 E. 5th Street

Suite, Apt. #, Etc.

City

Panama City,

State
FLZip Code
32401

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

G.M. Hobbs

Date 3/7/00

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	G.M. Hobbs	1654 E. 5th Street	Panama City, Fl 32401

LS

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:

G.M. Hobbs

3/7/00

850-785-0592 x16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #