2005 FOR PROFIT CORPORATION REINSTATEMENT

1. Entity Nam	MENT # L60498 S COBBLER & CO., INC.	* * * * * * * * * * * * * * * * * * *			FILED ,05 JUL 18 AMII:02	
Principal Plac	e of Rusiness	Mailing Address	<u> </u>	\dashv \sqcup \sqcup	, 00 002 10 111111 02	
337 SOUTH WASHINGTON STREET TITUSVILLE, FL 32796 US		337 SOUTH WASHINGTON STREET TITUSVILLE, FL 32796 US		07/23/	07/23/04/19/08/18/18/	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05252005 REI	N-P CR2E098 (6/04)	
City & State		City & State		4. FEI Number 65-0199682	Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired Security \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered Agent	
BREWER, STEPHEN M PA 1209 S WASHINGTON AVE Street Address (P.O. Box Number					Acceptable)	
TITUSVILLE, FL 32796						
			337 City T	S. Warting	ton Aug	
O The charge		- M		tus Ville	□ 32796	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)	G 1 5	
Fil	LE NOW!!! FEE IS \$900.00					
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	☐ Defete	TITLE		☐ Change ☐ Additio	
NAME	KLOIBER, CAROLENE M.		NAME		• _	
STREET ADDRESS CATY-ST-ZIP	337 SOUTH WASHINGTON STR TITUSVILLE, FL 32796	EET	STREET ADDRESS CITY-ST-ZIP			
TITLE	DVPT	☐ Delete	TITLE		☐ Change ☐ Additio	
NAME	THAMERT, JOSEPH B.		NAME			
STREET ADORESS CITY-ST-ZIP	337 SOUTH WASHINGTON STR TITUSVILLE, FL 32796	(EE I	STREET ADDRESS CITY-ST-ZIP			
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NAME	-		NAME			
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CITY-ST-ZIP			CITY-ST-ZIP	1		
गाLE		Delete	TITLE		☐ Change ☐ Additio	
NAME			NAME		•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
	cartify that the information available with	this filing does not qualify for	CITY-ST-ZIP	Section 110 07/2V() 511-	a Statutan I further portion that the later of	
indicated	on this report or supplemental report is	true and accurate and that m	ly signature shall have	the same legal effect as if m	a Statutes. I further certify that the information ade under oath; that I am an officer or director hat my name appears in Block 10 or Block 11 if	
changed,	or on an attachment with an address v	with all other like empowered.	as required by Chapter	our, monda Statutes; and the	racing name appears in Block 10 or Block 11 if	
010314	() (K~1()	47		/ 1	E 701 705 0000	
SIGNAT	UHE: SIGNATURE AND TYPED OR P	NINTED NAME OF SIGNING OFFICER O	OR DIRECTOR	6 l	5 321 383 068 9	

KLOIBER'S COBBLER & EATERY

337 SOUTH WASHINGTON AVE. TITUSVILLE, FLORIDA 32796 321-383-0689 FAX 321-383-0689

FEI # 65-0199682

1 June 2005

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

TO WHOM IT MAY CONCERN;

Please be advised that prior UBR notices were not received by this corporation, and, as per your instructions, I have enclosed the completed application for reinstatement, along with our check in the amount of \$150.00 to be applied for 2005. Also you have \$150.00 that we sent you back in July of 2004.

When you are reviewing our case please take into consideration that we, as all Floridians, suffered major hurricane damage and are still recovering, emotionally and financially. And we ask that you waive reinstatement fee.

Sincerely;

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Joseph B. Thamert

Director