

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L60498

1. Corporation Name

Kloiber's Cobbler & Co., Inc.

2. Principal Office Address - No P.O. Box #

73 Riverview Place

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

U.S.

3. Mailing Office Address

73 Riverview Place

Suite, Apt. #, etc.

City & State

Titusville, Florida

Zip

32796

Country

U.S.

REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/28/1990

5. FEI Number
65-0199682

☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Joseph B. Thambert

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

73 Riverview Place

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Joseph B. Thambert

REGISTERED AGENT MUST SIGN

Date

1-9-08

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
DPS	Kloiber, Carolene M.	73 Riverview Place	Titusville, Florida 32796
DVPT	Thambert, Joseph	73 Riverview Place	Titusville, Florida 32796

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 contained in Chapter 119, 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:

Joseph B. Thambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-09-08

Daytime Phone #

RSM McGladrey

252

RSM McGladrey, Inc.
7351 Office Park Pl.
Melbourne, FL 32940-8229
O 321.751.6200 F 321.751.1385
www.rsmmcgladrey.com

January 3, 2008

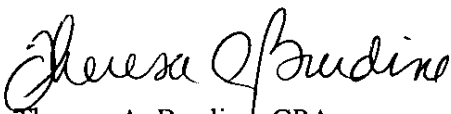
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are writing on behalf of our client, Kloiber's Cobbler & Co., Inc. Please be advised that prior UBR notices were not received by the corporation, and, as per your instructions, they have enclosed the completed application for reinstatement, along with a check for the amount of \$150.00.

When you are reviewing this case please take into consideration that the corporation sold its business operation in 2006, therefore they have not been receiving all correspondence sent to them. Due to this, we are asking that you waive the reinstatement fee.

Sincerely,



Theresa A. Burdine, CPA
Managing Director