

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L60498**

1. Corporation Name

KLOIBER'S COBBLER & CO., INC.

Principal Place of Business

Mailing Address

~~C/O FRANK J. GRIFFITH JR. ESQUIRE~~
337 SOUTH WASHINGTON STREET
TITUSVILLE FL 32796

~~C/O FRANK J. GRIFFITH JR. ESQUIRE~~
337 SOUTH WASHINGTON STREET
TITUSVILLE FL 32796

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1990

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. 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 3	City / State / Zip 4
DPS	KLOIBER, CAROLINE M.	337 S. WASHINGTON AVENUE	TITUSVILLE FL 32796
DVPT	THAMERT, JOSEPH B.	337 S. WASHINGTON AVENUE	TITUSVILLE FL 32796

REINSTATEMENT 03

TS

8. Name and Address of Current Registered Agent

BREWER, STEPHEN M PA
1209 S WASHINGTON AVE
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

321-383-2233

CR2E040 (7/03)

P. H. W.

KLOIBER'S COBBLER & CO., INC.
337 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32796
321-383-0689

FEI # 65-0199682

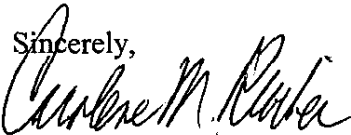
October 15, 2003

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 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.

Sincerely,



Carolene M. Kloiber
Director