

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 # **L94493**

1. Corporation Name

HOBBIE WAREHOUSE, INC.

Principal Place of Business

11601 S. CLEVELAND AVE.
#10
FORT MYERS FL 33907

Mailing Address

11601 S. CLEVELAND AVE.
#10
FORT MYERS FL 33907

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

2. New Principal Office Address, If Applicable

11755 S. Cleveland Ave.

Suite, Apt. #, etc.

#2

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

FORT MYERS FL

City & State

SAME

Zip

33907

Country

Zip

33907

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1990

5. FEI Number

65-0246833

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	MCGRAW, JR., CHARLES D	1550 ROYAL ROAD 26086 ANCUDA DR	VENICE FL 33907 Punta Gorda, FL 33983
			600002814286-1
			-03/22/99-01143-024
			***900.00 ***900.00

REINSTATEMENT

98-99

13. 3/16/99

8. Name and Address of Current Registered Agent

MCGRAW, JR., CHARLES D
11601 S. CLEVELAND AVENUE
#10
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name **McGraw Jr. Charles D**
Street Address (P.O. Box Number Is Not Acceptable)
11755 S. Cleveland Ave #2
Suite, Apt. #, Etc.
#2
City **FORT MYERS** State **FL** Zip Code **33907**

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

Charles D McGraw

REGISTERED AGENT MUST SIGN

Date **1/8/99**

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:

Charles D McGraw President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99
Date

941 278-1295
Daytime Phone #