

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

DOCUMENT # N24066

1. Corporation Name

The Kobacker Foundation, Inc.

Principal Place of Business

Mailing Address

9233 Woodlawn Road
Pensacola, FL 32514

Same

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

12/22/1987

5. FEI Number

59-2864161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 72: And from the corporation
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
P/D	James M. Kobacker	9233 Woodlawn Road	Pensacola, FL 32514
V/D	Robin A. Kobacker	205 E. Intendencia Street	Pensacola, FL 32507
D	Kimberly K. Woods	3675 Marjean Drive	Pensacola, FL 32504
T/S	Candice J. Kobacker	4208 Lynn Ora Drive	Pensacola, FL 32504
			700003061867--5 -12/06/99--01102--005 11/18/99 ***SS1.25 ***SS1.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

James M. Kobacker
9233 Woodlawn Road
Pensacola, FL 32514

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

James M. Kobacker

REGISTERED AGENT MUST SIGN

Date 11/18/99

11. This corporation owes 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:

James M. Kobacker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99 x 850-474-9917

Date

Daytime Phone #

CR2503 (12/98)