

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #N24066

1. Corporation Name

The Kobacker Foundation, Inc.

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

407 Pleasant Mountain Drive

Suite, Apt. #, etc.
#390

City & State

Dillard, GA

Zip
30537

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/22/1987

5. FEI Number

592864161

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
Robin A. Kobacker

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

1335 NE 12th Ave.

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33304

☐ 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

REGISTERED AGENT MUST SIGN

Date March 11, 2008

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
Pres/Chair Dir	James M. Kobacker	407 Pleasant Mtn Dr #390	Dillard, GA 30537
VP/dir	Robin A. Kobacker	1335 NE 12th Ave.	Fort Lauderdale, FL 33304
Tres/Dir	Kimberly Kobacker	4208 Lynn Ora Dr.	Pensacola, FL 32504
Secty/Dir	Candice Kobacker,	8129 Northpointe Blvd.	Pensacola, FL 32514
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$ 542.50

B. March 11, 2008