

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42833**

1. Corporation Name

S.T.B.I. CORP.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

3116 S. Osceola St.

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip **32806**

Country

3. New Mailing Address, If Applicable

P.O. Box 550363

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip

32809 FL.

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/92

5. FEI Number

59-3089333

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
Dir.	EMMETT B. HINKLEY	3116 S. Osceola St.	Orlando, FL. 32806
CEO	Danny E. Hinkley	4468 Divers Rd.	Radford, Va. 24141
Sec.	E. Buddy Hinkley II	3116 S. Osceola St.	Orlando, FL. 32806

500002072345--3
-01/29/97--01050--003
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

EMMETT HINKLEY
3116 S. Osceola St.
Orlando, FL. 32806

9. Name and Address of New Registered Agent

Name

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

500002072345--3

Suite, Apt. #, Etc.

-01/29/97--01050--004

City

*****306.25 ***306.25**

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.

Signature of
Registered Agent

Emmett B. Hinkley

REGISTERED AGENT MUST SIGN

Date

1/14/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Emmett B. Hinkley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/97
Date

407-856-5316
Daytime Phone #

CR20040 (12/95)