

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 18 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007467

1. Corporation Name

FORGOTTEN COAST BUILDERS ASSOCIATION, INC.

Principal Place of Business

59 AVENUE C  
APALACHICOLA FL 32320

Mailing Address

P.O. BOX 1047  
APALACHICOLA FL 32329

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

2. New Principal Office Address, If Applicable

~~564 E. BAYSHORE DR~~

Suite, Apt. #, etc.

~~25 ISLAND DRIVE~~

City & State

~~St George Island FL~~

Zip

~~32328~~

Country

~~USA~~

3. New Mailing Office Address, If Applicable

~~25 ISLAND DRIVE~~

Suite, Apt. #, etc.

City & State

~~EASTPOINT FL~~

Zip

~~32328~~

Country

~~USA~~

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1999

5. FEI Number ~~59-3640946~~

APPLIED FOR

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	4 City, State & Zip
PD	HOFFMAN, CARL	564 EAST BAYSHORE DRIVE	ST. GEORGE ISLAND FL -11/01/01 City State Zip ****236.25 ****236.25
PD	BARNES, WILLIAM	59 AVENUE C	APALACHICOLA FL 32320
TD	ELKINS, CHARLES	130 GULF PINE DRIVE	PORT SAINT JOE FL 32456
SD	BURKE, JANE M	1747 EAST GULF BEACH DRIVE	EASTPOINT FL 32028
VPD	Bob Windolf	143 Hunter Circle	Port St Joe FL 32456
SD	MASON BEAN	573 E GORALIE DR	EASTPOINT FL 32328
BD	Betty J Moore	P.O. DRAWER 368	PORT ST JOE FL 32457

8. Name and Address of Current Registered Agent

BARNES, WILLIAM G  
59 AVENUE  
APALACHICOLA FL 32320

9. Name and Address of New Registered Agent

Name

Carl Hoffman

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

564 E. Bayshore Dr

Suite, Apt. #, Etc.

City

St George Island

State

FL

Zip Code

32328

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10-12-01

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

CARL HOFFMAN

Date

10-12-01

Daytime Phone #

850  
670 1313

CR2E040 (8/01)