

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000007467**

1. Corporation Name

**FORGOTTEN COAST BUILDERS' ASSOCIATION,
N99000007467 Inc.**

2. Principal Office Address

23 AVENUE D

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1047

Suite, Apt. #, etc.

City & State

APALACHICOLA FL

City & State

APALACHICOLA FL

Zip

32320

Country

US

Zip

32329

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2001

5. FEI Number

59-3640946

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

DENISE D. BUTLER

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

23 AVENUE D

Suite, Apt. #, Etc.

000035765350

05/07/04--01079--014 *358 75**

City

APALACHICOLA

State

FL

Zip Code

32320

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

Denise D. Butler

Date **4-29-04**

REGISTERED AGENT MUST SIGN

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	MATTHEW HUBBARD	102 KIRKWOOD DR	DOTHAN, AL 36303
VP	ROB PETERSON	102 5TH STREET	APALACHICOLA, FL 32320
SEC	KIM FISH	603 HWY 98	EASTPOINT, FL 32328
TREAS	DENISE D BUTLER	23 AVENUE D	APALACHICOLA, FL 32320

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 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:

Matthew Hubbard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

950 570 4080

Daytime Phone #