


APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		<b>Katherine Harris</b>
		Secretary of State
DIVISION OF CORPORATIONS		

---

DOCUMENT # **P00000048277**

1. Corporation Name

**HOBBS DEPOT, INC.**

---

Principal Place of Business	Mailing Address
<b>PO BOX 5588</b>	<b>PO BOX 5588</b>
<b>20 COURT DRIVE</b>	<b>20 COURT DRIVE</b>
<b>DESTIN FL 32541</b>	<b>DESTIN FL 32541</b>

01 NOV 30 PM 4:00

**HOBBS DEPOT, INC.**

DESTIN FL 32541

DESTIN FL 32541

# REINSTATEMENT

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

same, Sept. 11, etc.

05/16/2000

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	EARNEST, TERRY L	<del>20 COURT DRIVE</del> P.O. Box 5388	DESTIN FL 32540
SD	HOY, IKE	<del>20 COURT DRIVE</del> P.O. Box 5388	DESTIN FL 32540
			300004721113--8 -12/12/01--01074--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAUGHT, BRUCE A  
501 HWY. 98, SUITE G  
DESTIN FL 32541

Name \_\_\_\_\_

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

385 Hichman 98

Suite, Apt., #, Etc.

City DESTER

State  
FIZip Code  
3-2

code  
254

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

**REGISTERED AGENT MUST SIGN**

Date \_\_\_\_\_

AD

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

Date \_\_\_\_\_

Daytime Phone: (714) 941-1111