

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080141

1. Corporation Name

TOLBERT GROUP, INC.

Principal Place of Business

2057 VELLA NORTE CIRCLE
ATLANTIC BEACH FL 32233

Mailing Address

2057 VELLA NORTE CIRCLE
ATLANTIC BEACH FL 32233

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3668330

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TOLBERT, DAVID C	2057 VELLA NORTE CIRCLE	ATLANTIC BEACH FL 32233

800009670368
12/24/02--01043--012 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOLBERT, DAVID C
2057 VELLA NORTE CIRCLE
ATLANTIC BEACH FL 32233

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

(SIGNATURE REQUIRED)

REGISTERED AGENT MUST SIGN

Date

12/23/02

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 REQUIRED)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Tollbert, President 12/23/02 904 270-1065

Date

Daytime Phone #

CR2E040 (8/02)



1117 Atlantic Blvd.
Neptune Beach, FL
32266

Dave Tolbert, Realtor®
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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

12/23/2002

Dear Sir or Madam:

Enclosed please find my application for reinstatement along with my check for \$150. At this time I would like to respectfully request that the late fees be waived as I did not receive any notices that dissolution of my corporation was to take place. I am a very small business and these fees will essentially bankrupt my account.

Sincerely,

A handwritten signature in black ink, appearing to read "David C. Tolbert", followed by a horizontal line and a small star-like flourish.

David C. Tolbert, President
Tolbert Group, Inc.