

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900024167349
10/27/03--01062--022 **150.00

REINSTATEMENT 03

DOCUMENT # P02000069188

1. Corporation Name

Art Tubbs & Associates, Inc.

2. Principal Office Address

202 Lake Miriam Dr. STE E15

Suite, Apt. #, etc.

E15

City & State

LAKELAND FL

Zip

33813

Country

US

3. Mailing Office Address

202 Lake Miriam Dr. STE E15

Suite, Apt. #, etc.

STE E15

City & State

LAKELAND FL

Zip

33813

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

108-0511784

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Arthur N Tubbs II

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

202 LAKE Miriam Drive

Suite, Apt. #, Etc.

STE E15

City

LAKELAND

State

FL

Zip Code

33813

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/03

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
Sec.	Cheryl L Koontz	12229 Old Dade City Rd.	Kathleen FL 33849
Treas.	Lois J. Tubbs	202 Lake Miriam Dr. E15	Lakeland FL 33813
President	Art Tubbs	202 Lake Miriam Dr. E15	Lakeland FL 33813

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:

Art Tubbs President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-03

Daytime Phone #

863-646-8707

CR2E081 (10/02)

7/10/20

October 24, 2003

Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314


RE: Reinstatement Application

Dear Sir or Madam:

Enclosed you will find our application for Corporation Reinstatement as well as our check for \$150.00 payment for the reinstatement. We apologize for any inconvenience and request that the late fee be waived as I did not receive the bill at the office.

Thank you for your assistance in this matter.

Sincerely,

 PRESIDENT
Arthur N Tubbs, President

Encl.