

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000040953**

1. Corporation Name

K Hobbs Inc.

FILED

10 MAR 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

300172000043
03/12/10--01024--005 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

5244 Magnolia CEN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

32211 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/2003

5. FEI Number

450515004

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

Kevin Hobbs

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

5244 Magnolia CEN

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kevin Hobbs

REGISTERED AGENT MUST SIGN

Date **3/8/10**

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
P	Kevin D. Hobbs	5244 Magnolia CEN	Jax FL 32211
S	Simmy W. Coleman	5244 Magnolia CEN	Jax FL 32211
Bk	Bonnie G. Fuller	1723 Birchwood Rd	Jax FL 32250

2/3/15

10. E-mail Address: **Khobbspainting@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

Kevin Hobbs

Kevin Hobbs

3/8/10

981-813-1385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #