

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUN -8 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000036586

1. Corporation Name

BOBLAND, INC.

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

6805 SANTA ROSA PARKWAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT PIERCE, FLORIDA

Zip

34951

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
SEPTEMBER 27, 2013

5. FEI Number

650511616

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

ROBERT J. POPOLA

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

5501 LUCILLE LANE

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34951

000273757160
06/08/15--01037--020 **1120.00

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

President
Personal Representative of the Estate of Robert J. Popola
REGISTERED AGENT MUST SIGN

Date June 4, 2015

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
D,P,S,T	ANGELA JOY LARKINS	6805 SANTA ROSA PARKWAY	FORT PIERCE, FL 34951

reinstatement 13-15

dec

10. E-mail Address:

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-15

772-465-9030

Date

Daytime Phone #