PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075045

1. Corporation Name

THE COBRA SHOP, INC.

Principal Place of Business	Mailing Address
203 S.W. 10TH TERRACE CAPE CORAL FL 33915	203 S.W. 10TH TERRACE CAPE CORAL FL 33915

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/06/1996

5. FEI Number: 65-0704558 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	CAMPBELL, JEFFREY	203 S.W. 10TH TERRACE	CAPE CORAL FL 33915
D	CAMPBELL, JOSEPH	203 S.W. 10TH TERRACE	CAPE CORAL FL 33915

700002701717--8
-12/03/98--01061--021
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CAMPBELL, JEFFREY 203 S.W. 10TH TERRACE CAPE CORAL FL 33915	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (9/98)

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: SIGNATURE REQUIRED — Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 — 11/15/98 — 941-995-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2082

THE COBRA SHOP

8892 North Fork Drive
North Ft. Myers, FL 33903

Telephone 941-995-8314

November 15, 1998

Florida Department of State
Division of Corporations
P.O. box 6327
Tallahassee, Florida 32314

To Whom This May Concern:

I have recently received from your office a "Notice of Administrative Dissolution or Revocation" for failure to file a 1998 corporation annual report. The packet says this is the second notice of failure to file the annual report. To the best of my knowledge I did not receive the first notice.

My accountant takes care of filing all State and Federal paperwork for my business, therefore, I had no idea that I was not in compliance for the annual report.

Would it be possible to accept this check for $150.00 and the enclosed annual report and waive the Reinstatement Fee since I did not receive the first notice of failure to file. I am a new small company and must rely on my accountant for all of my regulatory compliance paperwork.

Please let me know if you feel this is acceptable.

Sincerely,

Jeffrey L. Campbell
President
The Cobra Shop