

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 MAR 10 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095017

1. Corporation Name **KEB BOBCAT, INC.**

Principal Place of Business Mailing Address
2033 Main Street, Suite 400
Sarasota, FL 34237

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/20/96	
City & State		City & State		5. FEI Number	
Zip		Country		62-1668190	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Kent Arnold	1600 S. Caraway	Jonesboro, AK 72403
VP/D	Robert W. Troutt	518 Carson	Jonesboro, AK 72403
ST/D	John Edward Troutt	22 Plantation Oaks	Jonesboro, AK 72403

REINSTATEMENT

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3/10/98

8. Name and Address of Current Registered Agent

David P. Persson, Esq.
2033 Main Street, Suite 400
Sarasota, FL 34237

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number Is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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]
 REGISTERED AGENT MUST SIGN

Date March 9, 1998

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] **John Edward Troutt** 3/9/98 (870)935-5823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)