

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000036488

1. Corporation Name

HOBDAE ASSOCIATES INC.

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

17207 EQUESTRIAN TRAIL

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

US

3. Mailing Office Address

17207 EQUESTRIAN TRAIL

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

US

7. Name and Address of Current Registered Agent

Name

KEVIN R. HOBDAE

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

17207 EQUESTRIAN TRAIL

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

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 R. Hobday  
REGISTERED AGENT MUST SIGN

Date

10-28-08

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
<u>P</u>	<u>KEVIN R. HOBDAE</u>	<u>17207 EQUESTRIAN TRAIL</u>	<u>ODESSA, FL 33556</u>

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 contained in Chapter 119, 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

Kevin R. Hobday KEVIN R. HOBDAE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
08 OCT 30 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700137478227  
10/30/08--01024--007 \*\*608.75

REINSTATEMENT 05-08 KS  
CR2E081 (10/08)

4. Date Incorporated or Qualified To Do Business in Florida

4/24/1997

5. FEI Number

59-3444085

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ 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.