

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris.
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PM1000050142**

1. Corporation Name

Hubbard and Sara Savage & Associates, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5300 S. Florida Ave.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33813

Country

USA

3. New Mailing Office Address, If Applicable
P.O. Box 5378

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33807

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/6/97

5. FEI Number

58-2341283

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)	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
E/T/D	Hubbard Savage	4180 Sherry Lane	Canton, Georgia 30114
V/S/D	Sara Savage	4180 Sherry Lane	Canton, Georgia 30114

900002927699--6
-07/09/99--01086--006
******300.00 ****300.00**

LS

8. Name and Address of Current Registered Agent

Charles P. Chritton, Esq.
c/o Wendel, Chritton, Parks & DeBari, Chartered
5300 S. Florida Ave.,
Lakeland, Florida 33813

9. Name and Address of New Registered Agent

Name: Michael E. Workman, Esq.
c/o Wendel, Chritton, Parks & DeBari, Chartered
5300 S. Florida Ave.
Suite, Apt. #, Etc.

City

Lakeland,

State

FL

Zip Code

33813

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

Michael E. Workman
REGISTERED AGENT MUST SIGN

Date

6-22-99

11. This corporation owes 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:

Hubbard R. Savage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5/18/99

(770) 345-4257

Date

Daytime Phone #

CR2001 (12/98)