

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **PG 700005 2681**

1. Corporation Name

CBORE, Inc.

Principal Place of Business

Mailing Address

1150 Cleveland Street
Clearwater, FL 33755

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

REINSTATEMENT **99**

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/97

5. FEI Number

59-3142042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SP75 Additional Fee to be paid
to the Clerk of the State

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	Gary S. Gray	1150 Cleveland Street	Clearwater, FL 33755
D	David P. Stone	1150 Cleveland Street	Clearwater, FL 33755

700003063997--8
-12/08/99--01026--010
*****\$750.00 ***\$750.00**

8. Name and Address of Current Registered Agent

Victoria A. Stafford
1150 Cleveland Street
Clearwater, FL 33755

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

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

Victoria A. Stafford

REGISTERED AGENT MUST SIGN

Date **11-19-99**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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: Gary S. Gray, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/99

Date

727-441-3447

Daytime Phone #

CR2000 (12/98)