

PAGE 1 of 2
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 13 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000062295 (5)

1. Corporation Name

John Tubbs INC.

2. Principal Office Address

3608 FOWLER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

3608 FOWLER ST.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL.

Zip Country

33901 USA

City & State

FT. MYERS, FL.

Zip Country

33901 USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1997

5. FEI Number

65-0768878

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John W. Tubbs

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

3608 FOWLER ST.

Suite, Apt. #, Etc.

City

FT. MYERS

00-010317

State

FL

Zip Code

33901

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

REGISTERED AGENT MUST SIGN

Date

8/8/01

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
P.	John W. Tubbs	16088 BOWLING ST.	BOKEELIA, FL 33922
VP	SHAWN B. TUBBS	16088 BOWLING ST.	BOKEELIA, FL 33922
S	JACQUELINE T. HILLMAN	22 JACKSON AVE	LEHIGH ACRES, FL 33972
T	JOHN E. TUBBS	219 LAKE AVE. W	LEHIGH ACRES FL 33971

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/01

Daytime Phone #

CR2E081 (9/00)

Page 2 of 2

This note is in
response to instructions
received from your office
via telephone.

My wife & I moved from
Labelle, FL in 1999 to Bostel
FL. We left an address
change with the post office in
Labelle that was supposed to be
good for 12 months, but we
still failed to get the corp.
renewal forms.

Enclosed please find a
check for \$1300 - & completed
form that I was instructed
to send to your office.

THANKS

