

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
01 MAY -2 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2000-01 4012
DOCUMENT # 798000038710

1. Corporation Name

Corblet Corporation

2. Principal Office Address 215 Fifth Street		3. Mailing Office Address 215 Fifth Street	
Suite, Apt. #, etc. #Penthouse		Suite, Apt. #, etc. #Penthouse	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country US	Zip 33401	Country

400004163594--3
-05/08/01--01142--009
****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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
Robert Gibson

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

Suite, Apt. #, Etc.
#Penthouse

City
West Palm Beach

State
FL

Zip Code
33401

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 Date 4/30/2001
REGISTERED AGENT MUST SIGN

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
DP	Robert Gibson	215 Fifth Street, #PH	West Palm Beach, FL 33401
DS	Terry Coggeshall	215 Fifth Street, #PH	West Palm Beach, FL 33401
*	Penalty fees waived due to Corp submitting document correcting initially.		

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)(l), 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: 4/30/2001 561.833.2556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)