

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 6:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085307

1. Corporation Name

NANCY S. HILBERT, INC.

Principal Place of Business

1303 BRENTWOOD HILLS BLVD  
BRANDON FL 33511

Mailing Address

1303 BRENTWOOD HILLS BLVD  
BRANDON FL 33511

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/02/1998

5. FEI Number

59-3571575

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

2001

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| D             | HILBERT, NANCY S                          | 1303 BRENTWOOD HILLS BLVD                              | BRANDON FL 33511        |
|               |   |  |                         |
|               |   |  |                         |
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400004685864--9  
-11/16/01--01078--020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

HILBERT, NANCY S  
1303 BRENTWOOD HILLS BLVD  
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Nancy Hilbert*  
REGISTERED AGENT MUST SIGN

Date

October 13, 2001

11. 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:

*Nancy Hilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 13, 2001

607-999-9115

CR2E040 (8/01)