

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

**FILED**

97 FEB 28 PM 2:48

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **V72725**

1. Corporation Name

**CITY HOBBIES OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**4042 KENNEDY BLVD  
 TAMPA FL 33622**

**4042 KENNEDY BLVD  
 TAMPA FL 33622**

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

4. Date Incorporated or Qualified To Do Business in Florida

**10/19/1992**

5. FEI Number

**59-3165750**

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)

1 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
PD	CHUBBOY, GREGORY K	727 COLUMBUS DR E	TIERRA VERDE FL
ST	CHUBBOY, NONA	727 COLUMBUS DR E	TIERRA VERDE FL
			000002103420--2 -03/04/97--01037--019 ***375.00 ***375.00
<i>Note: Please send me reinstatement of Corporation for 1997</i>			
			000002103420--2 -03/04/97--01037--020 ***165.00

8. Name and Address of Current Registered Agent

9. Name and Address of Registered Agent

**CHUBBOY, GREGORY K  
 4042 KENNEDY BLVD  
 TAMPA FL 33622**

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

*Gregory K. Chubbey*  
 REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

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:

*Thomas C. Chubbey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/14/97*

Daytime Phone # \_\_\_\_\_

CRE0040 (7/96)