

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 656382

1. Corporation Name

Chestnut Estates, Inc.

10-26-07 01036 009 \$2,250.00

REINSTATEMENT 97-07

2. Principal Office Address - No P.O. Box #

17401 SW 250th

3. Mailing Office Address

SAME as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

Zip

33031

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/24/1983

5. FEI Number

592341247

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

William L. Gautier, SR.

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

17401 SW 250th STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State
FL

Zip Code

33031

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

W07000053736

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

W.L. Gautier

Date

10/22/07

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
* PDT	William L. Gautier, SR.	<u>17401 SW 250th Street</u>	<u>HOMESTEAD, FL 33030</u>
DIR	Vida E. Gautier	<u>6765 SW 89th Ter</u>	<u>Pinecrest, FL 33156</u>
DIR	Joan M. Byrd	<u>8811 SW 68th Ave</u>	<u>Pinecrest, FL 33156</u>
DIR	Petsy G. Mezey	<u>4125 Santa Maria</u>	<u>Coral Gables, FL 33146</u>
	<u>B1118</u>		

REINSTATEMENT 1996-2007

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 contained in Chapter 119, 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:

W.L. Gautier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/07

Daytime Phone #

7865143430

* PRES, DIRECTOR, & TREASURER