

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000132540

1. Entity Name
CHEROKEE DIVISIONS INC.



FILED
04 DEC 13 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1390 PLUM AVENUE
MERRITT ISLAND, FL 32952

Mailing Address
POST OFFICE BOX 540721
MERRITT ISLAND, FL 32954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12012004 REIN-P CR2E098 (6/04)

4. FEI Number
113665862

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGSTON, WILLIAM D JR.
1390 PLUM AVENUE
MERRITT ISLAND, FL 32952

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LANGSTON, WILLIAM D JR.
STREET ADDRESS 1390 PLUM AVENUE
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/04 321 302 3365
Date Daytime Phone #

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Cherokee Divisions, Inc.
P. O. Box 540721
Merritt Island, FL 32954

December 9, 2004

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attn: Corporation Reinstatement

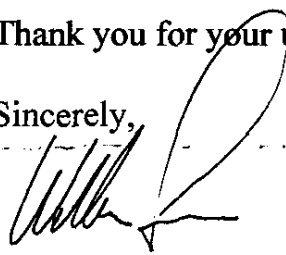
Gentlemen:

I am writing pursuant to a telephone conversation I had today with your office. I experienced disruption and damage to my business during the several hurricanes this area sustained this summer, and therefore my corporate annual report was not filed on time.

I was told by your office that if I sent \$150.00 and the Reinstatement form with a letter explaining the delay due to hurricane troubles, my corporation would be reinstated. Enclosed is the check and the form.

Thank you for your understanding in this matter.

Sincerely,



William D. Langston, Jr.
President