

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR **96-97**
REINSTATEMENT



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

97 JAN 24 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001031**

1. Corporation Name
CHIP SHOT, INC.

Principal Place of Business Mailing Address
1207 S. TEAKWOOD DR. PLANT CITY FL 33507 US
1207 S. TEAKWOOD DR. PLANT CITY FL 33507 US



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

| | | |
|---|---|---|
| 2. New Principal Office Address, If Applicable 4718 CRESTWICK DR Suite, Apt. #, etc. | 3. New Mailing Office Address, If Applicable 4718 CRESTWICK DR Suite, Apt. #, etc. | 4. Date Incorporated or Qualified To Do Business in Florida 10/29/1992 |
| City & State LAKELAND FL | City & State LAKELAND FL | 5. FEI Number 59-3147744 |
| Zip 33801 | Zip 33801 | Country POLK |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | |

\$8.75 Additional Fee required for a Certificate of Status

| 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 |
|------------|-------------------------------------|---|--|
| PSTD | FRANK L. STILES | 1207 S. TEAKWOOD DR. 4718 CRESTWICK DR | PLANT CITY FL LAKELAND FL 33801 |
| PRES | DARRON G STILES | 4718 CRESTWICK DR | LAKELAND FL 33801 |
| SEC TR | SHARON E STILES | 4718 CRESTWICK DR | LAKELAND FL 33801 |

200002071322--6
-01/28/97--01169--010
****585.00 ****585.00

REINSTATEMENT 96-97

| | |
|---|--|
| 8. Name and Address of Current Registered Agent FRANK L. STILES 1207 SO TEAKWOOD DR PLANT CITY FL 33506 | 9. Name and Address of New Registered Agent Name FRANK L STILES Street Address (P.O. Box Number is Not Acceptable) 4718 CRESTWICK DR Suite, Apt. #, Etc. City LAKELAND State FL Zip Code 33801 |
|---|--|

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: *Frank Stiles* Date: **12-25-96**
REGISTERED AGENT MUST SIGN

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: *Darron G. Stiles* **DARRON G STILES** **12-25-96** **941-666-9500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040(7/96)