

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 20 PM 1:45

DOCUMENT # 002759

1. Corporation Name

CHITTY & CO.

Principal Place of Business

Mailing Address

REINSTATEMENT 96-98

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

2. New Principal Office Address, If Applicable 2225 Dennis Street		3. New Mailing Office Address, If Applicable PO Box 1826		4. Date Incorporated or Qualified To Do Business in Florida 7/30/1904	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-0192760	
City & State Jacksonville Florida		City & State Orange Park Florida		Applied For Not Applicable	
Zip 32204	Country	Zip 32067	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for Certificate of Status	

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P D	H. Marshall Thompson	2225 Dennis Street	Jacksonville, FL 32204
VP S T D	Dennis B. Thompson	2225 Dennis Street	Jacksonville, FL 32204

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***1093.75 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name James V. Walker	
Street Address (P.O. Box Number Is Not Acceptable) 217 Ponte Vedra Park Drive	
Suite, Apt. #, Etc. Suite 200	
City Ponte Vedra Beach	State Zip Code FL 32082

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

James Walker

Date

JUL 2 1998

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)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 1998 (904) 288-6980

Date Daytime Phone #