

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 264770

1. Corporation Name

CHATTAHOOCHEE ACE HARDWARE, INC.

Principal Place of Business

211 WEST WASHINGTON ST.
CHATTAHOOCHEE FL 32324

Mailing Address

P.O. BOX 278
CHATTAHOOCHEE FL 32324
US

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

12/11/1962

5. FEI Number

59-1033091

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	REYNOLDS, WILTON B JR.	211 WEST WASHINGTON ST.	CHATTAHOOCHEE FL 32324

500008810735
11/05/02--01094--006 **150.00

8. Name and Address of Current Registered Agent

REYNOLDS, WILTON B JR.
211 WEST WASHINGTON ST.
CHATTAHOOCHEE FL 32324

9. Name and Address of New Registered Agent

Name

SAUL

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. or 617.0505, F.S.

Signature of
Registered Agent

Wilton B. Reynolds
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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:

Wilton B. Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

CR2E040 (8/02)



PRIMARY CARE, INC.
WILTON B. REYNOLDS, JR., M.D.



P.O. Box 1075
BAINBRIDGE, GEORGIA 31718
TELEPHONE: 912-243-8000
FAX: 912-246-7026

October 24, 2002

Division of Corporations
Annual Report/Reinstatement SECTION
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

I have enclosed a check for \$150.00 for filing fee and signed reinstatement for Chattahoochee Ace Hardware, Inc. I did not get any notices prior to this and was not aware that it had not been filed in a timely manner. I have searched my records and find that I did not have a copy of anything from your office.

Please reinstate my corporation as soon as possible.

Sincerely,



W. B. Reynolds, M. D.
Owner

WBR/mar