

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 329199

FILED  
Mar 28, 2013  
Secretary of State

**Entity Name:** CHESAPEAKE MOTEL AND VILLAS, INC.

**Current Principal Place of Business:**

83409 OVERSEAS HIGHWAY  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 507  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 59-1207737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, URBAN, J.W.  
82681 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** URBAN PATTERSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** SANDREY, CHRISTOPHER  
**Address:** 170 CARROLL ST  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** S/D  
**Name:** SANDREY, GLORYANNE  
**Address:** PO BOX 507  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** V  
**Name:** SANDREY, ALEXANDER H  
**Address:** PO BOX 301  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** P  
**Name:** SANDREY, ILONA  
**Address:** P.O. BOX 386  
**City-St-Zip:** ISLAMORADA, FL 33036

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ILONA SANDREY

P

03/28/2013

Electronic Signature of Signing Officer or Director

Date