

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515204

1. Corporation Name

Chenoweth & Faulkner, Inc.

2. Principal Office Address

100 E. Madison St.

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

100 E. Madison St.

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/1976

5. FEI Number

591689306

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for Certificate of Status

REINSTATEMENT 99-02

7. Name and Address of Current Registered Agent

Name

Ronald P. Chenoweth

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

100 E. Madison St.

Suite, Apt. #, Etc.

Suite 300

City

Tampa

State

FL

Zip Code

33602

600006041446--7

06/26/02--0104--013

***1200.00 ***1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Gabriele Faulkner	5805 S. Gordon Ave.	Tampa, FL 33602
V/S	Ronald P. Chenoweth	5805 S. Gordon Ave.	Tampa, FL 33602

10. 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:

[Signature]

R.P. CHENOWETH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/18/02

Daytime Phone #

813-224-0011

FILED

02 JUN 24 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/01)

6/25/02