

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 12 AM 10:19

DOCUMENT # **605638**

1. Corporation Name

CHASTAIN, MOORE & GRAVELY, CHARTERED

Principal Place of Business

204 7TH ST W
PALMETTO FL 34221
US

Mailing Address

P.O. BOX 1339
BRADENTON FL 34206
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3411 Highway 301

City & State
ELLINGTON

Zip
34222 Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1979

5. FEI Number

59-1884368

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 |
|---------------|---|--|-------------------------|
| VPD | MOORE, D. ALAN | 2407 WATERFORD CT | PALMETTO FL 34221 |
| PDST | MOORE, CYTHMIA C. | 2407 WATERFORD CT | PALMETTO FL 34221 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600004649336--1
-10/23/01--01024--002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MOORE, ALAN D.
204 R-7TH ST W
PALMETTO FL 34221

9. Name and Address of New Registered Agent

Name

D. ALAN MOORE

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

2407 WATERFORD CT.

Suite, Apt. #, Etc.

City

PALMETTO

State

FL

Zip Code

34221

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-09-01**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-01

Date

441-729-7774

Daytime Phone #

CR2E040 (8/01)