

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 615392

1. Corporation Name

CHALLENGER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~341 BRIARWOOD LANE~~
~~UNIT A~~
SAFETY HARBOR FL 34695-005
US

P.O. BOX 285
SAFETY HARBOR FL 34695-0285
US

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

2. New Principal Office Address, If Applicable

837 MAIN STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1979

5. FEI Number

59-1898447

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

SAFETY HARBOR, FL

City & State

Zip

Country

Zip

Country

34695

USA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
✓PTD	✓NICHOLSON, ANDREW M	3411 BRIARWOOD LANE	SAFETY HARBOR FL 34695
✓S	✓NICHOLSON, ANDREA C	3411 BRIARWOOD LANE	SAFETY HARBOR FL 34695

800003456468--4

-11/07/00--01140--016

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

✓NICHOLSON, ANDREW M
✓3411 BRIARWOOD LN
✓SAFETY HARBOR FL 34695-0935

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Andrew M. Nicholson
REGISTERED AGENT MUST SIGN

Date

10/18/00

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:

Andrew M. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 (727) 726-7612
Date Daytime Phone #