

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

97 OCT 29 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **630775**

1. Corporation Name

CHANCY-STOUTAMIRE, INC.

Principal Place of Business

1180 W. WASHINGTON
P.O. BOX 479
MONTICELLO FL 32344

Mailing Address

1180 W. WASHINGTON
P.O. BOX 479
MONTICELLO FL 32344

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		4. Date Incorporated or Qualified To Do Business in Florida 07/25/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1925065	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
V	STOUTAMIRE, JEFFERY R.	935 W WASHINGTON ST	MONTICELO FL
P	CHANCY, RICKIE WAYNE	WACISSA RD	WACISSA FL

400002334164-7
10/30/97-01116-009
****165.00 ****165.00

10/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHANCY, RICKIE WAYNE 1180 W. WASHINGTON MONTICELLO FL 32344		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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

Rickie Wayne Chancy

REGISTERED AGENT MUST SIGN

Date **10-27-97**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-97 904-997-3533

Date

Daytime Phone #

CR2E040 (8/97)

**CHANCY-STOUTAMIRE, INC.
POST OFFICE BOX 189
PERRY, FLORIDA 32348
(850) 584-8227, (850) 584-8270/FAX**

10-24-97

**FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS**

REF: NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

I RECEIVED THIS NOTICE IN THE MAIL THIS MORNING. ON 1-6-97 I SENT IN MY ANNUAL REPORT ALONG WITH CHECK # 18928 IN THE AMOUNT OF \$ 165.00. I ALSO HAVE ANOTHER CORPORATION BY THE NAME OF ALL SOUTH INSURANCE GROUP IN THAT I SENT IN ON 1-7-97 WITH CHECK # 4665. I HAVE ATTACHED A COPY OF MY ACCOUNT LEDGER REFLECTING THIS. I DON'T KNOW WHAT COULD HAVE HAPPENED TO IT AS MY OTHER CORPORATION MUST STILL BE INTACT BECAUSE I HAVE NOT RECEIVED A DISSOLUTION . I CALLED THIS OFFICE TODAY AND EXPLAINED THE SITUATION AND THE GENTLEMAN TOLD ME TO WRITE THIS LETTER EXPLAINING WHAT I HAD DONE AND TO FILL OUT THE REINSTATEMENT WITH A CHECK FOR \$165.00 AND MY CORPORATION WOULD BE REINSTATED.I AM GOING TO PUT A STOP PAYMENT ON MY CHECK # 18928. IF YOU HAVE ANY QUESTIONS PLEASE GIVE ME A CALL .

THANKS

RIC STOUTAMIRE