

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 AUG 10 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 725875**

1. Corporation Name

LA CHAUMIERE, INC.

2. Principal Office Address - No P.O. Box #

180 East Bay Street

Suite, Apt. #, etc

300

City & State

Charleston, South Carolina

Zip

29401

Country

U.S.A.

3. Mailing Office Address

180 East Bay Street

Suite, Apt. #, etc

300

City & State

Charleston, South Carolina

Zip

29401

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

3/22/1973

5. FEI Number

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jones Foster Service, LLC

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

505 South Flagler Drive

Suite, Apt. #, Etc

Suite 1100

City

West Palm Beach

State

FL

Zip Code

33401

800238380168  
08/10/12--01003--010 \*\*\*1443.75

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]* Manager

Date July 30, 2012

REGISTERED AGENT MUST SIGN

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
D, P	K. Wayne Nix	180 East Bay Street, Suite 300	Charleston, S. Carolina 29401
D, S, VP	Kenneth Lance Nix	180 East Bay Street, Suite 300	Charleston, S. Carolina 29401
D, T	Linda Rochez	180 East Bay Street, Suite 300	Charleston, S. Carolina 29401

10. E-mail Address: kwaynenix@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*[Signature]* K. Wayne Nix, President

July 30, 2012 843-222-2449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #