

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 17 AM 10:30

SECRET
FBI/DOJ - FLORIDA

DOCUMENT # F02000004611

1. Corporation Name

CHEROKEE CHAINLINK & CONSTRUCTION, INC.

2. Principal Office Address

34345 STOWE RD.

Suite, Apt. #, etc.

City & State

HEMET, CA

Zip

92545

Country

3. Mailing Office Address

3507 W. STETSON AVE.

Suite, Apt. #, etc.

Suite F PMB232

City & State

HEMET

Zip

CA

Country

92545

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/03

5. FEI Number

330775769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

LISA COOPER

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

707 MULLET DR.

Suite, Apt. #, Etc.

108

City

PORT CANAVERAL, FLORIDA

State
FL

Zip Code

32920

000060638200
10/17/05-01006-020-***008.75

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

Lisa Cooper
REGISTERED AGENT MUST SIGN

Date

10/5/05

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 | JOHN BREWER | 33250 LINDNBERGER RD. | MENIFEE, CA 92584 |
| S | KARLA BREWER | 33250 LINDNBERGER RD. | MENIFEE, CA 92584 |
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REINSTATEMENT 04-05

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:

John Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/05

Date

909-322-2259

Daytime Phone #