

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F02480**

1. Corporation Name
CHESAPEAKE HOLDING CORP.

97 NOV 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1775 S OCEAN BLVD
DELRAY BCH FL 33483**

Mailing Address
**1800 N. ANDREWS AVE.
PH L
FT. LAUDERDALE FL 33311
US**



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/1980	
City & State		City & State		5. FEI Number 59-2032944	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				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
PD	LEPINE, RENE H.	1800 N. ANDREWS AVE	FT. LAUDERDALE FL
STD	QUADT, IRENE	1800 N. ANDREWS AVE	FT. LAUDERDALE FL

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-11/12/97--01084--022
****750.00 ****750.00

REINSTATEMENT 94
A. Adams
11/10/97

8. Name and Address of Current Registered Agent

**IRENE QUADT APT 11-A
1800 N ANDREWS AVE
FT LAUDERDALE FL 33311**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **10-1-97**

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-1-97 954-725-0020