

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 21 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F56614

1. Corporation Name

CHIEFTAIN DEVELOPMENT CORPORATION

2. Principal Office Address

8099 PALOMINO DRIVE

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34113

Country

U.S.

3. Mailing Office Address

8099 PALOMINO DRIVE

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34113

Country

U.S.

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1981

5. FEI Number

59-2107569

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

DAVID C. BENNETT

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

8099 PALOMINO DRIVE

Suite, Apt. #, Etc.

1

City

NAPLES

State

FL

Zip Code

34113

400003805554-9
-03/07/01--01009-013
***1208.75 ***1208.75

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

David C. Bennett

REGISTERED AGENT MUST SIGN

Date FEB 19/01

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/D	DAVID C. BENNETT	8099 PALOMINO DRIVE	NAPLES, FL 34113
S	DEBBIE LAVELA	277 N. COLLIER BLVD.	MARCO ISLAND, FL 34145

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:

David C. Bennett

DAVID C. BENNETT, PRESIDENT 2/19/01 941-649-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # x 204

CR2E081 (9/00)