

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAR 28 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**

95-00



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

DOCUMENT # F94000003762

1. Corporation Name

Chief Company - Tampa, Co.

W000-6785

2. Principal Office Address

2 Plum St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 721610

Suite, Apt. #, etc.

City & State

Wilder, KY

Zip

41071

Country

U.S.A.

City & State

Newport, KY

Zip

41072-1610

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

7/19/94

5. FEI Number

31-1161065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 95-00**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State  
FL

Zip Code

33324

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

*Susan J. Mohr*

REGISTERED AGENT MUST SIGN

Date 3/8/00

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
CEO	William M. Schuler	2 Plum St.	Wilder, KY 41076
Sec / CFO	Christopher L. Fister	2 Plum St.	Wilder, KY 41076
Director	Robert Castellini	2 Plum St.	Wilder, KY 41076

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*William M. Schuler*

William M. Schuler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Date

442-4650

Daytime Phone =