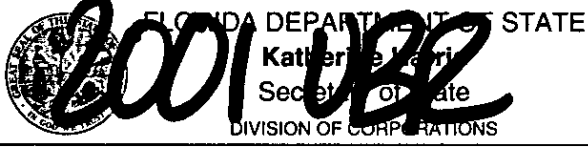


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -3 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000004448**

1. Corporation Name
CHARLESTON PARTNERS OF TEXAS, INC.

Principal Place of Business
57 WELLS AVENUE
NEWTON MA 02459

Mailing Address
57 WELLS AVENUE
NEWTON MA 02459



5/22/01 90028/016 \$150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
08/27/1999

5. FEI Number **04-3480739**
APPLIED FOR

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ABEDON, TODD G	57 WELLS AVENUE	NEWTON MA 02459

8. Name and Address of Current Registered Agent
BURGETT, TAMMY L
13832 PANTHER RD
JACKSONVILLE FL 32220

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 **SIGNATURE REQUIRED** Date **12/20/01**
REGISTERED AGENT MUST SIGN

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., 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: **TODD ABEDON, PRESIDENT** **SIGNATURE REQUIRED** Date **11/12/01** Daytime Phone # **843.769.6615**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

2012



December 20, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Charleston Partners, of Texas, Inc.
Tax Id # 04-3480739

To Whom It May Concern:

It has come to my attention that our application for good standing with the state was rejected for lack of a tax id number on the form. Allegedly a rejection notice was sent out to our office, but we never received it. Our \$150 filing fee was not returned.

I am asking that the reinstatement fee of \$750 be waived and Charleston Partners of Texas, Inc. be registered in good standing with the State of Florida.

Thank you for your attention to this matter.

Sincerely,
Charleston Partners of Texas, Inc.

A handwritten signature in black ink, appearing to read 'Todd G. Abedon', written over the typed name.

Todd G. Abedon
President