

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

04 FEB 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT #

1. Corporation Name

536904
Chock Co. Inc

000024376630
02/13/04--01044--041 **150.00

11-03-03 61636 623

2. Principal Office Address

5400S University Dr

Suite, Apt. #, etc.

416 A

City & State

DAVIE FL

Zip

33328

Country

USA

3. Mailing Office Address

5400S University Dr

Suite, Apt. #, etc.

416 A

City & State

DAVIE FL

Zip

33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1986

5. FEI Number

592722682

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

RAYMON A Piccin, Esq.

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

7777 Glades Road

Suite, Apt. #, Etc.

200

City

BECA RATON

State
FL

Zip Code

33434

000024376630
02/13/04--01044--042

**115.00

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	DONALD H Lakshin	5400S University Dr	Suite 416A DAVIE #1 33328

000024376630

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-04

Date

954-434-3330

Daytime Phone #