


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

FILED  
00 OCT 16 PH 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J94387**

1. Corporation Name

**CHARTER CONSTRUCTION Enterprises, Inc.**

2. Principal Office Address

**8294 SE Lagoon Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**Hobe Sound FL**

City & State

Zip

**33455**

Country

**MARTIN**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sept 28, 1987**

5. FEI Number

**65 0026 337**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2000**

7. Name and Address of Current Registered Agent

Name

**Charles White**

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

**8155 SE GOVERNORS Way**

Suite, Apt. #, Etc.

**100003455701**

**-11/07/00--01098--003**

**\*\*\*750.00 \*\*\*750.00**

City

**Hobe Sound**

State

**FL**

Zip Code

**33455**

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

**Charles White**

Date **10-2-00**

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
Pres.	Charles E. New	8294 SE Lagoon Dr	Hobe Sound, FL 33455
V/P/S	MARIANNE New	8294 SE Lagoon Dr	Hobe Sound, FL 33455

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:

**Charles E. New**

Date **10-2-00**

Daytime Phone # **561 546-9619**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)