

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 12 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K70908**

1. Corporation Name
Chick Enterprises of Gainesville, Inc.

2. Principal Office Address - No P.O. Box #
1718 W. Univ. Av.

3. Mailing Office Address
**W07-49725
P.O. Box 15514**

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Gainesville, FL.

City & State
Gainesville, FL.

Zip Country
32603 ALACHUA

Zip Country
32604 ALACHUA

REINSTATEMENT 97-08285
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
02/28/89

5. FEI Number
592931101

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William C. Chick III

Street Address (P.O. Box Number is Not Acceptable)
1718 W. Univ. Av.

Suite, Apt. #, Etc.
N/A

City State Zip Code
Gainesville FL 32603

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **[Signature]** Date **9/10/07**

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
D	William C. Chick	1718 W. Univ. Av.	Gainesville, FL, 32603

700110854227
10/18/07--01089--027 **2250.00

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 contained in Chapter 119, 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]** Date **10/11/07** Daytime Phone # **352-336-1188**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR