

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION,
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 15 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L91779**

1. Corporation Name

CHINOOK USA, INC.

Principal Place of Business

Mailing Address

**3335-Timberline-Rd.,-West
Winter-Haven,-FL-33880**

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

2. New Principal Office Address, If Applicable
198 1st St., S.

3. New Mailing Office Address, If Applicable
P.O. Box 7604

4. Date Incorporated or Qualified
To Do Business in Florida **8/8/90**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Winter Haven, FL

City & State
Winter Haven, FL

59-3027736

Not Applicable

Zip **33880** Country **USA**

Zip **33883** Country **USA**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Gerold Grahn	19034-61A Ave.	Surrey, B.C. V3S8C8
S/T/D	Kimberly J. Grahn	19034-61A Ave.	Surrey, B.C. V3S8C8

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******750.00 ****750.00**

REINSTATEMENT

97
SL 1-16-98

8. Name and Address of Current Registered Agent

**Timothy Alan Lundy
3335 Timberline Rd., W.
Winter Haven, FL 33880**

9. Name and Address of New Registered Agent

Name
J. Kelly Kennedy

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

198 1st Street South

Suite, Apt. #, Etc.

City
Winter Haven

State **FL** Zip Code **33880**

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

REGISTERED AGENT MUST SIGN

Date **1/13/98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

604-576-0066

CR2E040 (12/96)