

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L98000000520

Name and Mailing Address

0007071 01 AT 0.292 **AUTO T7 0 0615 33166-353920



CHAPMAN & SONS, L.C.
7820 N.W. 62ND STREET
MIAMI FL 33166-3539

03 NOV 13 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

Principal Place of Business

7820 N.W. 62ND STREET
MIAMI FL 33166

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/27/1998

6. FEI Number

65-0836428

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CHAPMAN, RAFAEL E
7820 N.W. 62ND STREET
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHAPMAN, RAFAEL E	13780 S.W. 38 STREET	MIAMI FL 33175
MGRM	CHAPMAN, RALPH A	8543 N.W. 198 STREET	MIAMI FL 33015
MGRM	CHAPMAN, RUDY	20343 N.W. 38 AVENUE	MIAMI FL 33056

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11/13/03--01051--014 **150.00

REINSTATEMENT 03

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date 11/06/03

Daytime Phone # (305) 591-0009

Typed or printed name of signing Managing Member/Manager