

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N00000003613

1. Corporation Name

CHAPLAIN SERVICES, INC.

Principal Place of Business

39520 GRAYS AIRPORT ROAD
LADY LAKES FL 32158

Mailing Address

PO BOX 970
LADY LAKE FL 32158

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HOWARD, R. DENNIS	39520 GRAYS AIRPORT ROAD	LADY LAKES FL 32158
D	HOWARD, BARBARA G	39520 GRAYS AIRPORT ROAD	LADY LAKES FL 32158
D	DOGGETT, HENRY G	PO BOX 608091	ORLANDO FL 32860

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-11/28/01--01051--013

*****70.00 *****70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWARD, R. DENNIS
39520 GRAYS AIRPORT ROAD
LADY LAKES FL 32158

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/24/01

11. 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:

R. DENNIS HOWARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01

Date

(352) 750-1767

Daytime Phone #

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**Dennis & Barbara Howard
Chaplain Services, Inc.
P.O. Box 970 - Lady Lake, FL 32158
Phone... (352) 750-1767**

November 24, 2001

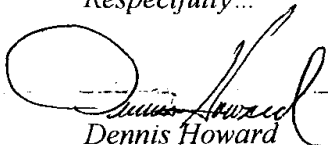
Mr. Tyrone Scott
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Dear Mr. Scott,

Thank you for speaking to us today regarding reinstatement of our corporation. As stated... my wife (who is the corporation's secretary and treasurer) has been ill and failed report. We ask please that our late fees be waved.

Enclosed is a check for \$70.00 to cover the \$61.25 dissolution fee and \$8.75 for a certificate showing our reinstatement.

Respectfully...


Dennis Howard