PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 NOV -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001552

1. Corporation Name
CHEFCO PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2140 Centerville Place Tallahassee, FL 32308	P.O. Box 15349 Tallahassee, FL 32317-5349

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

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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: 04/03/1995

5. FEI Number: 59-3378570 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Hogan, John	2140 Centerville Place	Tallahassee, FL 32308
D	Butler, Bonnie	2140 Centerville Place	Tallahassee, FL 32308
D	Meiselman, Ira	513 S. Tyron Street	Charolotte, NC 28202
D	Hugo, Michael	1815 Thomasville Road	Tallahassee, FL 32303

11/7

8. Name and Address of Current Registered Agent

Warfel, Timothy J.
215 S. Monroe Street
Suite 701
Tallahassee, FL 32302-1876

9. Name and Address of New Registered Agent

Name: John Hogan
Street Address (P.O. Box Number is Not Acceptable): 2140 Centerville Place
Suite, Apt. #, Etc.:
City: Tallahassee, State: FL Zip: 32308

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CR2E040 (12/95)

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: 11/05/97

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/97 Date

(850) 386-3161 Daytime Phone #