

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 AM 10:07

DOCUMENT # N95000001552

1. Corporation Name

CHEFCO PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

2140 CENTERVILLE PLACE
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 15349
TALLAHASSEE FL 32317-5349

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3378570

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	HOGAN, JOHN	2140 CENTERVILLE PLACE	TALLAHASSEE FL 32308
D	BUTLER, BONNIE	2140 CENTERVILLE PLACE	TALLAHASSEE FL 32308
D	HUGO, MICHAEL	1815 THOMASVILLE RD	TALLAHASSEE FL 32303
D	MEISELMAN, CARTER	901 E BLVD	CHARLOTTE NC 28203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOGAN, JOHN
2140 CENTERVILLE PLACE
TALLAHASSEE FL 32308

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

John Hogan

Date April 25, 2003

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

Bonnie Butler

4/25/03

850 383-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)