

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000016700

1. Corporation Name

CHASHAM, INC.

Principal Place of Business

Mailing Address

22856 LA CORNICHE WAY  
BOCA RATON FL 33433

22856 LA CORNICHE WAY  
BOCA RATON FL 33433

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

2. New Principal Office Address, If Applicable

5460 N. STATE RD. 7

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5460 N. STATE RD. 7

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33319

Country

USA

City & State

FT. LAUDERDALE, FL

Zip

33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2000

5. FEI Number

65-0999864

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 3	City / State / Zip 4
D	MINEO, CHARLES W	22856 LA CORNICHE WAY	BOCA RATON FL 33433
D	MINEO, SHARON D	22856 LA CORNICHE WAY	BOCA RATON FL 33433
	as to both	22159-F MANDEVILLE PL	330004672428--4 -11/08/01--01046--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 18TH STREET

FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 S. PINE ISLAND RD.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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.

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Signature of  
Registered Agent

*Barbara A. Burke*

REGISTERED AGENT MUST SIGN

Date

11-1807

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:

*Charles Mineo*

CHARLES MINEO - PRESIDENT

10/16/01

Date

954/484-6671

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR