

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000037683

1. Corporation Name

CH Enterprises Inc. of Sarasota

2. Principal Office Address

4319 Mayday Rd.
Suite, Apt. #, etc.

3. Mailing Office Address

362 Brookview Dr.
Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34233

Country

U.S.A.

City & State

Brownsburg, IN

Zip

46112

Country

USA.

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/2000

5. FEI Number

65-0999303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROOSEVELT S. ISAAC, SR.

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

347 SOUTH ORANGE AVE.

Suite, Apt. #, Etc.

City

ARCADIA

State

FL

Zip Code

34266

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Roosevelt S. Isaac, Sr.

Date 6-24-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>President</u>	<u>Harold H. Graber</u>	<u>362 Brookview Dr.</u>	<u>Brownsburg, IN 46112</u>
<u>Sec/Treas</u>	<u>Carol B. Graber</u>	<u>362 Brookview Dr.</u>	<u>Brownsburg, IN 46112</u>

10. 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:

Harold H. Graber / Harold H. Graber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/02

Daytime Phone #

(317)788-9351

02 JUL -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000006232070--0
-07/05/02--01076--031
****150.00 ****150.00

CR2E081 (9/01)

To Whom It May Concern,

We have been out of town looking to expand our business. We have not received our renewal form. Here is our check for \$150.00 and our temporary address to send all correspondence to until further notice.

C+H Enterprises Inc.
362 Brookview Dr.
Brownsburg, IN

46112

EIN: 65-0999303

Sincerely,

Harold H. Graber
President

