

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000050158

1. Corporation Name

CHAOS RODS, INC.

FILED

02 OCT 28 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

UNITS 1313 & 1315 NORTH G CENTER
1303 CENTRAL TER
LAKE WORTH FL 33460

Mailing Address

UNITS 1313 & 1315 NORTH G CENTER
1303 CENTRAL TER
LAKE WORTH FL 33460

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/19/2000

5. FEI Number

65-1012152

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
PS	CASTELLS, ADOLFO	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
D	CASTELLS, SUMMER	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
VT	CONNLEY, BRYAN	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
D	CONNLEY, JESSICA	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460

000008613280

10/28/02-01050-004 **750.00

8. Name and Address of Current Registered Agent

ROMM, MICHAEL R ESQ
2189 SE 9TH ST
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name

Castells, Adolfo

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

1441 Lantana Court

Suite, Apt. # Etc.

Weston

City

Weston

State
FL

Zip Code
33326

CR2040 (8/02)

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

Adolfo Castells
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

Summer L. Castells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (561) 547-8066