

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000076903

1. Corporation Name

Chad F. Polley, PA

2. Principal Office Address - No P.O. Box #

1166 East Bloomingdale Ave

Suite, Apt. #, etc.

Suite B

City & State

Brandon, FL

Zip

33511

Country

USA

3. Mailing Office Address

1166 East Bloomingdale Ave

Suite, Apt. #, etc.

Suite B

City & State

Brandon, FL

Zip

33511

Country

USA

FILED

10 DEC 20 AM 9:53

ALLAHSSEE, FLORIDA

900188860949

12/20/10--01041--009 **1808.75

CR2E081 (11/09)

03-10

4. Date Incorporated or Qualified
To Do Business in Florida

August 24, 2000

5. FEI Number

593676577

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

Chad F. Polley

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

6947 Conasset Circle

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33578

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/15/10

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
P	Chad F. Polley	6947 Conasset Circle	Riverview, FL 33578

REINSTATEMENT

12/21

10. E-mail Address: cpolley1@me.com

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/10

Date

805-897-5191

Daytime Phone #