

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 8:44

DOCUMENT # P00000104222

1. Corporation Name

CHRYSOCHOOS GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



300009439173
12/10/02--01074--002 **175.00

Principal Place of Business

1125 ABBEYS WAY
TAMPA FL 33602

Mailing Address

1125 ABBEYS WAY
TAMPA FL 33602

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

11/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1065226

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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	CHRYSOCHOOS, JACQUES	1125 ABBEYS WAY	TAMPA FL 33602
			300009439173 04/29/03--01028--029 **122.50
			300009439173 07/01/03--01026--013 **602.50

8. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J.
201 N FRANKLIN ST, STE 2200
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name
Wolfe, Randolph J.
Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa Street
Suite, Apt. #, Etc.
Suite 2700
City
Tampa
State
FL
Zip Code
33602

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

Randolph J. Wolfe
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/24/02

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 26, 2002 813-2101883

CR2E040 (8/02)