


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P00000114173

1. Corporation Name

CHARLES THAGGARD, INC.

Principal Place of Business

Mailing Address

1951 COLLIER AVE  
FT MYERS FL 33901

1951 COLLIER AVE  
FT MYERS FL 33901



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

12/08/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1061964

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	THAGGARD, CHARLES E	1440 CHARLES RD	FT MYERS FL 33919

200004695032--3  
-11/27/01--01044-019  
\*\*\*\*150.00 \*\*\*\*150.00

10/29/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THAGGARD, CHARLES E  
1440 CHARLES RD  
FT MYERS FL 33919

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

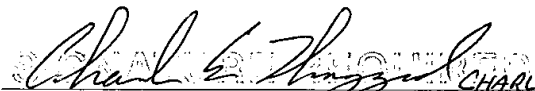
  
REGISTERED AGENT MUST SIGN

Date

10/29/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/01 891-98-8089

CR2E040 (8/01)

## PLASTIC LETTERS & SIGNS

1951A COLLIER AVE.  
FORT MYERS, FLA. 33901  
941-936-8059 FX 939-5184

October 29, 2001

Florida Department Of State  
Division Of Corporations  
P O Box 6327  
Tallahassee FL 32314

To Whom It May Concern:

As per our phone conversation on 10/29/01, I am enclosing  
my check for \$150.00 to re-instate my corporation. I never  
received the original renewal form.

Yours Truly,



Charles E Thaggard