

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:56

DOCUMENT # P00000114480

1. Corporation Name

CHU CHU Trolley of Marco, Inc

REINSTATEMENT

01-06

2. Principal Office Address

1570 Collingswood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1935

Suite, Apt. #, etc.

City & State

Marco Island, Fl.

City & State

Marco Island, Fl.

Zip

34145

Country

USA

Zip

34146

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

59-8697322

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

Vivian Rodriguez

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

1570 Collingswood Ave

Suite, Apt. #, Etc.

City

Marco Island, Fl.

State

FL

Zip Code

34145

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

Vivian Rodriguez

Date

Dec 4, 2006

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
Director	Vivian Rodriguez	1570 Collingswood Ave	Marco Island, Fl. 34145
President	Raul Rodriguez	1570 Collingswood Ave	Marco Island, Fl. 34145

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:

Vivian Rodriguez / Vivian Rodriguez

Date

12/4/06

Daytime Phone #

239-394-1600

CR2E081 (10/02)