

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

02 NOV 18 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010210

1. Corporation Name

W. CHASE CORP.

Principal Place of Business

917 GOVERNERS AVE  
ORLANDO FL 32808

Mailing Address

917 GOVERNERS AVE  
ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

264 Debary Drive  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

264 Debary Drive  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/2001

5. FEI Number

593711927

Applied For

Not Applicable

City & State

Debary FL

City & State

Debary FL

Zip

32713

Country

USA

Zip

32713

Country

USA

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	CHASE, WILLIAM	917 GOVERNERS AVE	ORLANDO FL 32808
D	CHASE, VICKI	917 GOVERNERS AVE	ORLANDO FL 32808
D	CHASE, WILLIAM	264 Debary Drive	Debary FL 32713
D	CHASE, VICKI	264 Debary Drive	Debary FL 32713

8. Name and Address of Current Registered Agent

CHASE, WILLIAM  
917 GOVERNERS AVE  
ORLANDO FL 32808

9. Name and Address of New Registered Agent

Name

CHASE, WILLIAM

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

264 Debary Drive

Suite, Apt. #, Etc.

City

Debary

State

FL

Zip Code

32713

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

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov-04-2002

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

Nov-04-2002 (386) 668-8613

Date

Daytime Phone #

CR2E040 (8/02)

**W Chase Corp.**

W Chase Corp.  
264 Debary Drive  
Debary Fl. 32713

November 4, 2002

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL 32314-6327

Dear Sir or Madam:

**W Chase Corp. had an address change in March of 2002 and the Annual report was not received, the correct address was sent to the office of the Division of Corporations, The report was not received at our new address; we received only a notice that the corporation has been dissolved.**

**Please accept Our Check for \$150.00 and the appropriate form for reinstatement.**

Sincerely,

William E. Chase  
Director