## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR**



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

P01000043695

1. Corporation Name

**DOCUMENT #** 

## CHAISE DESIGN-BUILD COMPANY

Principal Place of Business

Mailing Address

108 SW 5TH AVENUE GAINESVILLE FL 32601 108 SW 5TH AVENUE

**GAINESVILLE FL 32601** 

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			PPIICABLE VENUE	3. New Mail	ng Office Address, if Applicable  5 W 4+h AVEPUE				Date Incorporated or Qualified     To Do Business in Florida     05/01/2001					
5		CITE 4-A			<del></del>	5. EEI Number	727	727546		Applied For				
	FINES	VICLE	7F6-	G-A	FINE	5-V-1-1		F.L		101	9 7 6		Not Applicable	
Zip 3 2 6 0 1 Country Zip 3 2					١٥	Coun		<u>'</u>	6. CERTIFICAT	E OF STATUS	DESIRED 🗌	\$8.75 Add for a Ce	ditional Fee required	
		dresses of Ea	ach Officer and/o	r Director (Flo	rida nonpro	fit corpo	rations mu	st list at lea	st 3 directors)					
Title(s)	Name of Officers					Street Address of Each Officer and/or Director				0.1.10				
D CHAYES, DAVIS					100 SW-STH AVENUE					GAINESVILLE FL 32601				
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						-		<del>.</del>						
8. Name and Address of Current Registered Agent									9. Name and Address of New Registered Agent					
					•		Name							
CHAYES, DAVID  108 SW 5TH AVENUE  GAINESVILLE FL 32601							Street Address (P.O. Box Number is Not Acceptable)							
							Suite, Apt. #, Etc.							
							City					tate Zip (	Code	
10. I, being	appointed the	registered a	igent of the above	named corpo	ration, am f	amiliar v	vith and ac	cept the ob	ligations of Sect	ion 607.0505,				
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Signature of Registered A	Agent		CHAT				HR[	ED_		Date	1//13	102	·	
			REG	ISTERED AGI	ENT MUST	SIGN								
11. I certify t	hat I am an of tatement appl	ficer or direction, the r	tor or the receive	r or trustee err	powered to	execute	this appli	cation as pr	ovided for in cha	apter 607 or 6	17, F.S. I furt	her certify	that when filing	

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.

DAULD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/02 352-337-9459
Date Daytime Phone #



From: David Chayes, pres.

Chaise Design-Build Company 211 SW 4<sup>th</sup> Avenue, Suite 4-A

Gainesville, FI 32601

To:

Florida Dept. of State Division of Corporations

P.O. Box 6327 Tallahassee, FI 32314

Re:

**Application for Reinstatement** 

Date:

11/13/02

Dear Sirs or Madams,

I apologize for not filing an annual report. The reason is that this has been the first year of my corporation's existence, and I was unfamiliar with this requirement.

I received your Notice of Revocation more than a week ago, and I was very distressed to learn about the steep fee for reinstatement. I hope would consider waving the \$ 600 fee, as I did not receive the previous UBR notices that your letter talks about. This is probably due to a mix up in the mail because of the fact that I have been in the process of moving to my present business address.

My old address was:

108 SW 5<sup>th</sup> Avenue Gainesville, FI 32601

My new address is:

211 SW 4<sup>th</sup> Avenue, Suite 4-A Gainesville, FI 32601

I apologize for not sending out a moving notice before, and I hope that you can be lenient in waiving the \$ 600 fee, since my business is still struggling to survive and master the requirements of doing business. As a consequence it did not turn a profit during its first year of operation, so a 600-dollar cost would weigh heavily on the budget, especially in view of a recent unrecoverable financial loss due to a theft of equipment that is causing a cash flow problem at present.

I am enclosing, at least, a \$ 150.00 payment for the Annual Report Fee and the Corporate Supplemental Fee. Also included is the Application for Reinstatement.

Sincerely Yours,

**David Chayes** 

President, Chaise Design-Build Company

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