

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000054390

1. Entity Name
CHROME AEROSPACE, INC.



FILED

2007 NOV 19 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
345-85 ST STE 8
MIAMI BEACH, FL 33141

Mailing Address
345-85 ST STE 8
MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33141

10052007 REIN-P CR2E098 (1/07)

4. FEI Number
65-1109218

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATZHOUSEPIAN, JOHN
345-85 ST STE 8
MIAMI BEACH, FL 33141

Name
NONATO ARCILA

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

345-85 ST SUITE #8

City
MIAMI BEACH

FL

Zip Code
33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John Hatzhousepian

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

10-11-07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
ARCILA, NONATO
345-85 ST STE 8
MIAMI BEACH, FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300112415618
11/19/07--01039--013 **158.75

☐ Change ☐ Addition

TITLE
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REINSTATEMENT

2007

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Hatzhousepian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-07

Date

Daytime Phone #