

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 -4 PM 6:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055532

1. Corporation Name

POPE CHART COMPANY

Principal Place of Business

140A NW 11TH ST.  
BOCA RATON FL 33432

Mailing Address

140A NW 11TH ST.  
BOCA RATON FL 33432

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

2. New Principal Office Address, If Applicable

135 E. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip Country

33444 Palm Beach

3. New Mailing Office Address, If Applicable

P.O. Box 2136

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip Country

33447 Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

05/29/2001

5. FEI Number

65-1117773

Applied For

Not Applicable

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
P	Vincent Cacace	2000 So. Ocean Blvd. #6K	Boca Raton, FL 33432
D	Vincent J. Cacace	420 NE 36 St.	Boca Raton, FL 33431
D	Don Cacace	10239 N. Chatfield A.	Littleton, CO 80125
D	Cindy Mac Donald	52 Harrison St.	Johnston, R.I. 02919
D	Richard Cacace	18 Hawthorn Rd.	Marblehead, MA 01945

8. Name and Address of Current Registered Agent

CACACE, VINCENT J

140A NW 11TH ST.

BOCA RATON FL 33432

420 NE 36 St.

Boca Raton, FL

33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700008780517

11/04/02--01057--009 \*\*\*150.00

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Vincent J. Cacace*  
REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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:

*Vincent J. Cacace*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 561-276-1177

CR2E040 (8/02)

# Pope Chart Company

P.O. Box 2136  
Delray Beach, FL 33447  
(561) 276-1177

October 29, 2002

Florida Department of State  
Division of Corporations  
Annual Report/ Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Reinstatement of Pope Chart Company

To whom it may concern;

Enclosed please find my application to reinstate my corporation and a check in the amount of \$150.


I did not receive the two prior Uniform business Reports. I moved my company at the end of 2001.

I respectfully request that you accept this payment and reinstate my corporation.

My new physical address is 135 East Atlantic Avenue, Delray Beach, FL 33444.

My new mailing address is: Pope Chart Company, P.O. Box 2136, Delray Beach, FL 33447

Sincerely,



Vincent J. Cacace, Director