

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000066185

**FILED**  
**Nov 07, 2006**  
**Secretary of State**

**Entity Name:** CHAFFEE ENTERPRISES, INC.

**Current Principal Place of Business:**

7456 ELEANOR CIRCLE  
SARASOTA, FL 34243

**New Principal Place of Business:**

4029 N. WASHINGTON BLVD.  
SUITE 3-R  
SARASOTA, FL 34234

**Current Mailing Address:**

7456 ELEANOR CIRCLE  
SARASOTA, FL 34243

**New Mailing Address:**

4029 N. WASHINGTON BLVD.  
SUITE 3-R  
SARASOTA, FL 34234

FEI Number: 65-1116696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAFFEE, MICHAEL O  
7456 ELEANOR CIRCLE  
SARASOTA, FL 34243 US

**Name and Address of New Registered Agent:**

CHAFFEE, MICHAEL O  
4029 N. WASHINGTON BLVD.  
SUITE 3-R  
SARASOTA, FL 34234 US

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.

SIGNATURE: MICHAEL O. CHAFFEE

11/07/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CHAFFEE, MICHAEL O  
Address: 7456 ELEANOR CIRCLE  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CHAFFEE, MICHAEL O  
Address: 4029 N. WASHINGTON BLVD. SUITE 3-R  
City-St-Zip: SARASOTA, FL 34234

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL O. CHAFFEE

PRES

11/07/2006

Electronic Signature of Signing Officer or Director

Date