

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 20 PM 4:10

DOCUMENT # P01000078165

1. Corporation Name

Chickbank, inc

2. Principal Office Address

7651 SW SR 200

Suite, Apt. #, etc.

Suite 502

City & State

Ocala, FL

Zip

34476

Country

USA

3. Mailing Office Address

4494 NW 78th Ave

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/01

5. FEI Number

59-3744063

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE H. RANKIN

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

4494 NW 78th Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

MRS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

George H. Rankin

REGISTERED AGENT MUST SIGN

Date 10-20-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	GEORGE H. RANKIN	4494 NW 78th Ave	Ocala FL 34482
Sec	Phyllis J. Rankin	4494 NW 78th Ave	Ocala FL 34482

10. 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:

George H. Rankin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-20-03

Daytime Phone #

352 368 9085

CR2E081 (10/02)