

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 PM 6:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000090011**

1. Corporation Name

Chester's Inc.

2. Principal Office Address

1421 Inverness Rd

Suite, Apt. #, etc.

City & State

Lynn Haven FL

Zip

32444

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

593738102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name

Bridgett Michele Kiefer

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

1421 Inverness Rd.

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

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

Bridgett M. Kiefer
REGISTERED AGENT MUST SIGN

Date

5/3/04

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
president	Bridgett Michele Kiefer	1421 Inverness Rd	Lynn Haven FL 32444
vice president	Matthew B. Kiefer	1421 Inverness Rd	Lynn Haven, FL 32444

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bridgett M. Kiefer

Date

5/3/04 (850) 265-6421

Daytime Phone #

CR2E081 (01/04)

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