

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 OCT 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083000

1. Corporation Name

CHUCK HUGGINS, INC.

Principal Place of Business

2052 J & C BOULEVARD
NAPLES FL 34109

Mailing Address

2052 J & C BOULEVARD
NAPLES FL 34109



000008682320
10/29/02--01140--018 **158.75

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

1739 BOXWOOD AVE.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34105

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

59-3736926

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
D	HUGGINS, CHARLES E JR.	2052 J & C BOULEVARD	NAPLES FL 34109

8. Name and Address of Current Registered Agent

HUGGINS, CHARLES E JR.
2052 J & C BOULEVARD
NAPLES FL 34109

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2ED40 (8/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-254-9919

10/23/02



OCTOBER 23, 2002

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIRs:

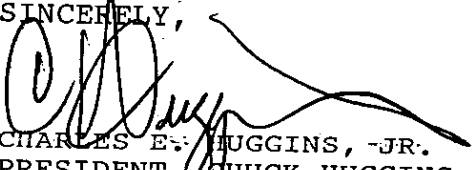
I DID NOT RECEIVE THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICES.

ENCLOSED IS A CHECK FOR THE REPORT FEE, INCLUDING THE ADDITIONAL \$8.75 FOR A CERTIFICATE OF STATUS.

PLEASE SEND ALL FUTURE CORRESPONDENCE TO NEW MAILING ADDRESS:

1739 BOXWOOD AVE., NAPLES, FL 34105.

SINCERELY,



CHARLES E. HUGGINS, JR.
PRESIDENT, CHUCK HUGGINS, INC.

*A Commitment to Excellence in the
Painting and Decorating Profession*

2052 J & C Boulevard • Naples, Florida 34109
Phone: (941) 254-9919 • Fax: (941) 254-9918 • Cell: (941) 248-2452