

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

03 OCT 13 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000086368

1. Corporation Name

CHASTAIN COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 18261
TAMPA FL 33679

P.O. BOX 18261
TAMPA FL 33679

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3750831

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	CHASTAIN, WILLIAM W	3916 SEVILLA ST.	TAMPA FL 33629

300023751263
10/13/03--01070--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASTAIN, WILLIAM W
3916 SEVILLA ST.
TAMPA FL 33629

Name

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

Suite, Apt. #, Etc.

City

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

William Chastain

REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

William Chastain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/03 813/902-1224

CR2E040 (7/03)

2012

Chastain Communications, Inc.

P.O. Box 18261
Tampa, FL 33679
(813) 902-1224

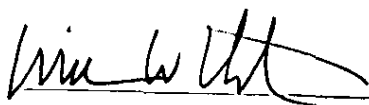
October 10, 2003

To Whom it May Concern:

I have received a "Notice of Administrative Dissolution or Revocation" for failure to file the annual report. For some reason I did not receive the initial notice and I have not been in business long enough to anticipate receiving such notice or lack thereof; thus, I am asking – actually pleading (it is a tough economy) – that the penalty fee be waived. Enclosed is the filing fee of \$150.

Thank you for your consideration in this matter.

Sincerely,



William W. Chastain
Owner, Chastain Communications, Inc.