

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090438

1. Corporation Name

Charvo, Inc.

2. Principal Office Address

1661 Oak Spring Dr.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip

34689

Country

3. Mailing Office Address

1661 OAK Spring DR

Suite, Apt. #, etc.

City & State

TARPON Springs FL

Zip

34689

Country

REINSTATEMENT

CR2E081 (8/05)

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3744056

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

Wollinka, David J

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

2312 US Hwy 19

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34690

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

[Signature]

Date 11/9/15

REGISTERED AGENT MUST SIGN

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
D	Thomas C Price	1661 Oak Spring Dr	Tarpon Springs FL 34689
D	Catherine Price	1661 Oak Spring Dr	Tarpon Springs FL 34689

100061439771
11/15/05--0046--015 ***300.00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/05

Date

Daytime Phone #

727-243-7541

1661 Oak Spring Dr.
Tarpon Springs Fl 34689

Charvo, Inc


November 2, 2005

Florida Department of State

Dear Sir or Madam:

I spoke with a person in your office today regarding my corporation I am requesting a waiver of my penalty for the years 2004 and 2005. I do not have knowledge of receiving the renewal notice. I am enclosing a check for \$300.00 along with my Corporation reinstatement application. Thank you for your help with this matter,

Sincerely,


Thomas C Price
President

