

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 21 AM 8:00

DOCUMENT # **P01000090438**

1. Corporation Name

CHARVO, INC.

REINSTATEMENT

03

Principal Place of Business

Mailing Address

1661 OAK SPRING DR.
TARPON SPRINGS FL 34689

1661 OAK SPRING DR.
TARPON SPRINGS FL 34689



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

09/14/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3744056

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

MRS

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRICE, THOMAS C	1661 OAK SPRING DR.	TARPON SPRINGS FL 34689
D	PRICE, CATHERINE B	1661 OAK SPRING DR.	TARPON SPRINGS FL 34689

300024337763
10/31/03--01080--019 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOLLINKA, DAVID J
2312 US HWY. 19
HOLIDAY FL 34690

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

Date

10/28/03

REGISTERED AGENT MUST SIGN

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C PRICE

Date

11/12/03 727-243-7541

Daytime Phone #

CR2E040 (7/03)

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CHARVO, INC.

1661 Oak Springs Dr.
Tarpon Springs, FL 34689

Phone: (727) 942-9755

October 23, 2003

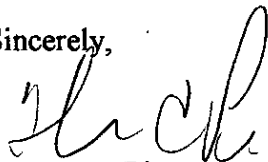
Florida Department of State
Division of Corporations
Po Box 6327
Tallahassee, FL 32314-6327

2003 UBR

Dear Customer Relations;

Please reinstate my corporate registration with the State of Florida, document #P01000090438. I did not receive the mailing of the renewal earlier in the year. I have enclosed \$150.00 filing fee for 2003.

Sincerely,



Thomas C. Price
Director