

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 OCT 28 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000033124**

1. Corporation Name

**M.A. CHAMBERLAIN COMPANY, INC.**

Principal Place of Business

Mailing Address

**3015 PINE GROVE LANE  
LADY LAKE FL 32159**

**3015 PINE GROVE LANE  
LADY LAKE FL 32159**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03



**300024196503**  
10/28/03--01018--007 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/26/2002**

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>D</b>	<b>CHAMBERLAIN, MICHAEL A</b>	<b>3015 PINE GROVE LANE</b>	<b>LADY LAKE FL 32159</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CHAMBERLAIN, MICHAEL A  
3015 PINE GROVE LANE  
LADY LAKE FL 32159**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **10-22-03**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-22-03**

Daytime Phone #

CR2E040 (7/03)

*L.A. JONES LLC*  
CERTIFIED PUBLIC ACCOUNTING FIRM

MAILING ADDRESS  
P.O. BOX 1719  
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900  
FAX (352) 750-3344

PHYSICAL ADDRESS  
409 S. OLD DIXIE HWY.  
LADY LAKE, FL 32159

October 20, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

re: 2003 UBR for M.A. Chamberlain Company, Inc. EIN 81-0544644

To Whom It May Concern:

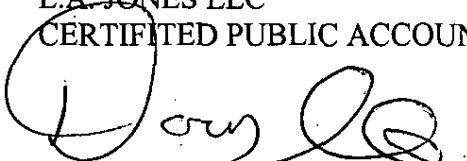
Enclosed is the Application for Reinstatement report for our client listed above. Our client was unaware he was late filed until he received this report. He claims he received no notices prior to this one. His prior accountant, who handled all the paperwork for his corporation, passed away suddenly March of this year and he has had trouble getting much of his original documentation. He retained our services in April and to the best of our knowledge he never received a second notice.

Due to the fact that our client would have paid the fee if he had received the initial report and the disarray he found himself in when his prior accountant passed away, it would be appreciated if you would waive the penalty and accept the \$150. payment enclosed as payment in full.

If you should have any questions regarding this matter, please contact this office at the address above.

Sincerely,

L.A. JONES LLC  
CERTIFIED PUBLIC ACCOUNTING FIRM



Dory Schaub, Associate