### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### **DOCUMENT #** P02000065459

1. Corporation Name

WORLD OF CHROME INC.

Principal Place of Business

Mailing Address

8715 SOUTH U.S. #1 PORT ST LUCIE FL 34952 8715 SOUTH U.S. #1 PORT ST LUCIE FL 34952 FILED

03 OCT 28 AM 9:18

CRETARY OF STATE LAHASSEE, FLORIDA

800024197708 10/28/03--01023--024 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.									_	
New Principal Office Address, If Applicable 3. New Maili				ing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/12/2002			
Suite, Apt. #, etc. Suite, Apt. #,			etc.			5. FEI Number Applied For				
City & State City & State			City & State				02-0607469 Not Applicable			
Zip	Zip Country		Zip		Country		6. CERTIFICATE	6. S8.75 Additional Fee requirements of Status DESIRED (Sectificate of Status)		litional Fee required ertificate of Status
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corpora	ations must list at lea	ast 3 directors)		***************************************	
Title(s)	Name of Officers and/or Directors			Street Address of Eacl Officer and/or Directo				City / State / Zip		
PD	DRUGA, MICHAEL			764 CYPRESS ST.				PORT ST LUCIE FL 34952		
VD	DAVIS, LYNNE			4150 NE HYLINE DR.				JENSEN BEACH FL 34957		
STD	DRUGA, CHERY R			764 CYPRESS STREET				PORT SAINT LUCIE FL 34952		
						(-B)-00-F				
			-				•			
<del></del>				<del>                                     </del>					-	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent				
						Name				
DRUGA, MICHAEL JR 8715 SOUTH U.S. #1					~,	Street Address (I	P.O. Box Number	is Not Acceptable)	<del></del>	
PORT ST LUCIE FL 34952				Suite, Apt. #, Etc.			···			
					City			State Zip Code		
10. I, being	appointed the	e registered agent of the ab	ove named corpo	oration, am f	amiliar wi	ith and accept the o	obligations of Secti	on 607.0505, F.S. or 617.	.0505, F.S.	
Signature o Registered		Jerral .	A LANGE OF SECOND	ENT MUST	SIGN	*** \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Date	L3 -	03
-		officer or director or the rece plication, the reason for diss		•		, , ,		•		١ -

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:

October 23, 2003

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

To Whom It May Concern,

Enclosed is a check #1072 for \$150.00 and our Reinstatement Application.

We would appreciate a waiver of the Reinstatement Fee of \$600.00.

We are new owners of this corporation since July 15, 2003. At the time of the transfer to our names, it was assumed that the previous owners, Betty and Arnold Bakal had paid the 2003 Uniform Business Report, due before May 1, 2003 and that because only the officers were changing that their payment carried over to us.

The paralegal that handled the sale and corporation transfer never addressed the Uniform Business Report and we were led to believe that what we were paying him covered all filing fees.

This is the first notice that <u>we</u> have received. We are aware of the existence of this annual fee, but were led to believe that all was in order when the transfer of officers occurred.

Please give consideration to our request for waiver and accept our appreciation of your understanding in this matter.

Please advise as soon as possible as to the status of this matter.

Sincerely-Yours,

Michael Druga, Jr.

World of Chrome, Inc., President