

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 # P02000083261

1. Corporation Name

CHASE MANAGEMENT GROUP, INC

Principal Place of Business

9000 SHERIDAN STREET  
SUITE 144  
PEMBROKE PINES FL 33024

Mailing Address

9000 SHERIDAN STREET  
SUITE 144  
PEMBROKE PINES FL 33024

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/2002

5. FEI Number

81-0562988

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BONNEAU, BRANDY L	1208 NW 144 TERRACE	PEMBROKE PINES FL 33028

500024713375  
11/14/03--01075--002 \*\*150.00

8. Name and Address of Current Registered Agent

BONNEAU, DENNIS H DC  
3837 HOLLYWOOD BLVD  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

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

*Brandy Bonneau*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

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:

*Brandy Bonneau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 NOV 14 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT-03

## Chase Management Group, Inc.

November 12, 2003

State Of Florida  
Department of State

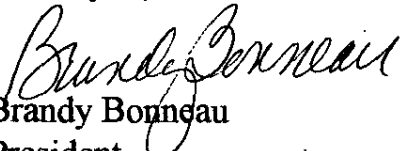
RE: CHASE MANAGEMENT GROUP, INC.  
DOCUMENT # P02000083261

In October, our office was made aware that our accounting firm never filed our 2003 Corporation fees. The accounting firm states that they were moving their office location with many employee changes and for some reason it was overlooked. We are requesting that you waive the reinstatement fee if possible.

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Please contact our office at 954-443-8005 if you require further assistance.

Thank you,

  
Brandy Bonneau  
President