

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P02000125701

1. Corporation Name

HALICK CHANE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4134 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

4134 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33308

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
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2002

5. FEI Number

06-166225-9

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
PD	HALICK, JEFFREY	809 NORTHEAST 19TH TERRACE	FORT LAUDERDALE FL 33304

000025416210
12/11/03-01018-003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINDEN, JON A
4430 SOUTHWEST 64TH AVENUE
DAVE FL 33314

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

Jon Hinden

Date 11-27-03

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

JEFF HALICK

Date

Daytime Phone #

11-30-03 954258-4662

CR20040 (7/03)

292

To: Whom it may concern
From: Jeff Hallick, President HallickChane
Mgmt.

Dear Sirs,

As per instruction in application to reinstate please find enclosed filing fee plus this letter of explanation. This was a new corporation at a business that was under construction from Jan. of 2003 until Nov. 2003. In that time no mail was received at the property during this time as the walls, mailboxes, etc. were torn down and mail was not delivered. An alternative address during this time was given to all accounts (809 NE 19th TERR. Ft. Lauderdale Fl. 33304. Also, all mail sent to this address was supposed to be redirected. As this was the case we had never received any prior UBR correspondence or would have responded immediately. We hope that you will please reinstate and review the situation. Thank you for your help. I will await your response. Thank you.

Jeff Hallick
HallickChane Mgmt.
809 Ne 19th terr. Ft. Lauderdale Fl. 33304
954-258-4662