

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 OCT 21 AM 11:39

DOCUMENT # P03000049835

1. Corporation Name

Chao Corp.

2. Principal Office Address - No P.O. Box #

17031 N. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

N. Fort Myers, FL

City & State

Zip

Country

33903

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/2003

5. FEI Number

161667525

☐ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NANCY MATEO

Street Address (P.O. Box Number is Not Acceptable)

17031 N. Tamiami Trail

Suite, Apt. #, Etc.

City

N. Fort Myers

State

FL

Zip Code

33903

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/8/10

000186947030
10/21/10--01028--009 **\$750.00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NANCY MATEO	189 Lincoln Ave.	Elizabeth, NJ 07208
V.S.	MARIA DEL PILAR CHAVES	17031 N. Tamiami Trail	N. Fort Myers, FL 33903

10. E-mail Address: mateonancy@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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

10/8/10

Daytime Phone #