

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000119968

Entity Name: CHICOINE, INC.

FILED  
Jan 20, 2011  
Secretary of State

**Current Principal Place of Business:**

14518 LARA CIRCLE  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

17548 PLUMERA LANE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

14518 LARA CIRCLE  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

17548 PLUMERA LANE  
NORTH FORT MYERS, FL 33917

FEI Number: 20-0387516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHICOINE, JEAN  
14518 LARA CIRCLE  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

CHICOINE, JEAN  
17548 PLUMERA LANE  
NORTH FORT MYERS, FL 33917 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEAN CHICOINE

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: CHICOINE, JEAN  
Address: 17548 PLUMERA LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VSD  
Name: CHICOINE, CLAUDE  
Address: 17548 PLUMERA LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLAUDE CHICOINE

VSD

01/20/2011

Electronic Signature of Signing Officer or Director

Date