



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000126400

1. Entity Name
CHAD E. FARRIS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 23 AM 9:12

Principal Place of Business
3766 SW MASILUNAS ST
PORT ST LUCIE, FL 34953

Mailing Address
3766 SW MASILUNAS ST
PORT ST LUCIE, FL 34953



2. Principal Place of Business
1985 S.W. Davis St
Suite, Apt. #, etc.

3. Mailing Address
1985 S.W. Davis St
Suite, Apt. #, etc.

02212006 REIN-P CR2E098 (11/05)

City & State
Port St Lucie FL
Zip
34953

City & State
Port St Lucie FL
Zip
34953

4. FEI Number
20-0378663
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FARRIS, CHAD E
3766 SW MASILUNAS ST
PORT ST LUCIE, FL 34953

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1985 S.W. Davis St
City Port St Lucie FL Zip Code 34953

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARRIS, CHAD E 3766 SW MASILUNAS ST PORT ST LUCIE, FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATTERSON, JACOB J 2001 SW LARCHMONT LN PORT ST LUCIE, FL 34984 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1985 S.W. Davis St Port St Lucie FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300067027883 03/03/06--01037--006 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Ralph Farris 32 Nogales Way Port St Lucie FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chad Farris 2-21-06 (772) 626-8449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #