

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAR 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000052157

1. Entity Name
DIONICIO CHAVEZ, INC.



Principal Place of Business
9247 137 LANE
APT. # 43
LIVE OAK, FL 32060 US

Mailing Address
9247 137 LANE *Change*
APT. # 43
LIVE OAK, FL 32060 US



02012006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-1809478

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, DIONICIO
9247 137 LANE
APT. #43
LIVE OAK, FL 32060 *9234 137th Dr #26
Live Oak, FL 32060*

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D
NAME CHAVEZ, DIONICIO
STREET ADDRESS 9247 137 LANE APT. #43
CITY-ST-ZIP LIVE OAK, FL 32060 *9234 137th Dr
Live Oak, FL 32060*

TITLE V.P.
NAME Joel Chavez
STREET ADDRESS 9247 137th #43
CITY-ST-ZIP Live Oak, FL 32060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V.P.
NAME Marciano Martinez
STREET ADDRESS 9247 137th #43
CITY-ST-ZIP Live Oak, FL 32060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Dionicio Chavez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-06 (386) 623-1314
Date Daytime Phone #