

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04000021812**

1. Corporation Name

**Chona Financial Planning Group, Inc.**

2. Principal Office Address

**2014 Fourth Street**

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

Zip

**34237**

Country  
**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**20-1524668**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**REINSTATEMENT 05-07**

**7. Name and Address of Current Registered Agent**

Name

**Gregory A. Chona**

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

**2014 Fourth Street**

Suite, Apt. #, Etc.

City

**Sarasota**

State

**FL**

Zip Code

**34237**

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

REGISTERED AGENT MUST SIGN

Date

**01/12/2007**

**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
D	Gregory A. Chona	2014 Fourth Street	Sarasota, FL 34237
	<i>1/11/18</i>		

10. 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 contained in Chapter 119, 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

**01/12/2007**

Date

**941-954-4773**

Daytime Phone #

Chona Financial Services  
2014 4th Street  
Sarasota, FL 34237  
941.954.4773

C H O N A  
FINANCIAL SERVICES

Gregory A. Chona  
Certified Financial Planner®

January 12, 2007

Florida Department of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporate Reinstatement - Document # P04000121812

Due to my having moved on three separate occasions since June of 2005, I did not receive the notices regarding my filing. I was unaware of the need to file an annual report until my CPA informed me of the need to do so. I am applying for reinstatement and owe fees for 2005-2007.

My previous business in 2005 was 8486 S. Tamiami Trail, Sarasota, FL 34238.  
In June of 2005 I moved to 9030 58<sup>th</sup> Dr. East, Suite 101, Bradenton, FL 34202 -6108.  
In January of 2006 I moved to 7820 Holiday Dr., Sarasota, FL 34238. I moved last in July of 2006 to my present address of 2014 - 4<sup>th</sup> St., Sarasota, FL 34237.

Your office has informed me that I owe the \$150 fee for each of the three years. I have enclosed a check for \$450. Feel free to contact me at 866-954-4773 if you wish to speak to me in person.

Thank you,

  
Gregory A. Chona, CFP®