

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156045

1. Entity Name
CHAMBER MUSIC SOCIETY OF DELRAY BEACH, INC.



Principal Place of Business
777 E ATLANTIC AVE SUITE C-2 BOX 183
DELRAY BEACH, FL 33483

Mailing Address
777 E ATLANTIC AVE SUITE C-2 BOX 183
DELRAY BEACH, FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032006 REIN-P CR2E098 (11/05)

4. FEI Number

20-1903459

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESLACK, BRIAN G
1201 GEORGE BUSH BLVD
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name
DONALD V. THOMPSON

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

2155 S OCEAN BLVD

City

DeLray Beach

FL

Zip Code

33483

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
D THOMPSON, DONALD V
STREET ADDRESS
2155 S OCEAN DR APT 1
CITY-ST-ZIP
DELRAY BEACH, FL 334836452

TITLE
NAME
D THOMPSON, MARY E
STREET ADDRESS
2155 S OCEAN BLVD APT 1
CITY-ST-ZIP
DELRAY BEACH, FL 334836452

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

I Dept of State

561-3300865