

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05000017065**

**1. Corporation Name**

The Chapac Agency, Inc.

**2. Principal Office Address - No P.O. Box #**

143 Via Paradisio

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL

**Zip**

33418

**Country**

USA

**3. Mailing Office Address**

143 Via Paradisio

Suite, Apt. #, etc.

**City & State**

Palm Beach Gardens, FL

**Zip**

33418

**Country**

USA

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

**Name**

Alvin Chait

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

143 Via Paradisio

Suite, Apt. #, Etc.

**City**

Palm Beach Gardens

**State**

FL

**Zip Code**

33418

**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

11/13/09

**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
P	Alvin Chait	143 Via Paradisio	Palm Beach Gardens, FL 33418

**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:**

Alvin Chait, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/09

(201) 226-1200

Daytime Phone #

FILED

09 NOV 30 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300163192969  
12/01/09--01002--004 \*\*608.75

REINSTATEMENT

CR2E081 (12/08)

06-09

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/27/2005

**5. FEI Number**  
20-2392744

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.