

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 10 MAR 29 AM 10:53

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000066301

1. Corporation Name

Chowning Enterprises, Inc

500172000695  
03/29/10--01066--002 \*\*158.75

REINSTATEMENT 07-10

500172000695  
03/12/10--01024--015 \*\*300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #  
4122 Empedrado Street3. Mailing Office Address  
4122 Empedrado Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

City &amp; State

Tampa, FL

Zip

33629

Country

US

Zip

33629

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/2005

5. FEI Number  
13-4300019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Michael S. Chowning

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

4122 Empedrado Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

☒ 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.500172000695  
03/12/10--01024--016 \*\*150.00

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

3/4/10

## 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
Pres	Michael S. Chowning	4122 Empedrado Street	Tampa, FL, 33629
VP	Kristina Chowning	4122 Empedrado Street	Tampa, FL, 33629
Trea	Michael S. Chowning	4122 Empedrado Street	Tampa, FL, 33629
Sec	George H. Hilficker	3910 Granada Street	Tampa, FL, 33629

10. E-mail Address: chowning410@verizon.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Michael S. Chowning

3/4/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #