

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000093433

1. Corporation Name

CHEATHAM, INC.

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

12165 Forest Hill Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1768 Hollyhock Rd

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

7. Name and Address of Current Registered Agent

Name

Eleanor B. Halperin

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

1601 Forum Place

Suite, Apt. #, Etc.

300

City

West Palm Beach

State

FL

Zip Code

33401

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 10.6.09

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.	Tommy Cheatham	1768 Hollyhock Rd	Wellington, FL 33414
S	Tommy Cheatham	1768 Hollyhock Rd	Wellington, FL 33414
T	Tommy Cheatham	1768 Hollyhock Rd	Wellington, FL 33414

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: Tommy Cheatham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/09

Daytime Phone #

561-791-4771

FILED

09 OCT 13 PM 1:25

FLORIDA DEPARTMENT OF STATE
ALLAHASSEE, FLORIDA

REINSTATEMENT

700161648767
10/13/09--01035--003 **1050.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/05

5. FEI Number

47-0958222

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.