

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000156918

1. Entity Name
CHASE REAL ESTATE, INC.



Principal Place of Business
660 MANDALAY AVE
CLEARWATER BEACH, FL 33767 US

Mailing Address
660 MANDALAY AVE
CLEARWATER BEACH, FL 33767 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



101920071 REINSTATE CR2E098 (1/07)

4. FEI Number

20-8110475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, MATTHEW
1707 LA FOREST AVE
SAFETY HARBOR, FL 34695

Name

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

City

FL

Zip Code

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 obligation of registered agent.

SIGNATURE

Walter Wm. Chase
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P D
NAME BAILEY, MATTHEW
STREET ADDRESS 1707 LA FOREST AVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

☐ Delete

TITLE VP D
NAME CHASE, WALTER
STREET ADDRESS 11 SAN MARCO #1405
CITY-ST-ZIP CLEARWATER BEACH, FL 33767

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300111221963
10/23/07--01043--007 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other fee empowered.

SIGNATURE:

Walter Wm. Chase
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 OCT 23 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Mitchell

101 23 2007