

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 13 PM 4:03

DOCUMENT # **PO9000083399**

1. Corporation Name

Chickadee Stores Inc.

REINSTATEMENT 2010

DC 12/14

300188673553
11/08/10--01009--006 **35.00

CR2E081 (6/10)

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

88 Watercolor Way

3. Mailing Office Address

PO Box 4818

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-8-09

5. FEI Number

27-0939580

☐ 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

Tara Casas

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

88 Watercolor Way #111

Suite, Apt. #, etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

300188673553
12/15/10--01001--016 **715.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-5-10

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	Tara Casas	69 Running Oak Circle	Santa Rosa Beach FL 32459

10. E-mail Address: **taracasas@mac.com**

(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:

[Signature]

Tara E Casas

12-5-10

850-522-7239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #