

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -4 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12000081194

1. Corporation Name

CHASE ART INTERNATIONAL, INC

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

123 Lakeshore Dr.

Suite, Apt. #, etc.

#642

City & State

North Palm Beach

Zip

33408

Country

USA

3. Mailing Office Address

PO Br 13172

Suite, Apt. #, etc.

City & State

North Palm Beach

Zip

33408

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/25/2012

5. FET Number

☒ 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

Jill Chase

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

#642

Suite, Apt. #, Etc.

North Palm Beach

City

State

FL

Zip Code

33408

500258673395
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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

Jill Chase
REGISTERED AGENT MUST SIGN

Date 4/1/2014

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.	JILL CHASE	123 Lakeshore Dr. #642	NORTH PALM BEACH
			FL 33408

REINSTATEMENT

2013-2014

10. E-mail Address: jillchase@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2014 561 951-0497