

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29402

1. Corporation Name

CHESTERFIELD INVESTMENTS, INC.

Principal Place of Business

11835 OLYMPIC BOULEVARD
SUITE 975
WEST LOS ANGELES CA 90064
US

Mailing Address

11835 OLYMPIC BOULEVARD
SUITE 975
WEST LOS ANGELES CA 90064
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

05/18/1990

5. FEI Number

95-4238446

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ADELMAN, JACK <i>David Henderson Williams</i>	400 MAIDEN LANE <i>38 Curzon St.</i>	NEW YORK NY <i>London, England</i>
V	LYNCH, ALLEN	11835 OLYMPIC BOULEVARD, STE 975	WEST LOS ANGELES CA
D	WINGATE, ROGER	38 CURZON ST.	LONDON, ENGLAND
			000002383790-9 12/26/97-01087-023 ***750.00 ***750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Laura R. Dunlap

Date *12/17/97*

OR REGISTERED AGENT MUST SIGN

Laura R. Dunlap, As Agent

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒ N/A

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/97

Date

310) 473-9796

Daytime Phone #

CR2E040 (8/97)