

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 # P93000071904

1. Corporation Name

CHAPS INTERNATIONAL, INC.

Principal Place of Business

14200 N.W. 4TH ST.  
SUNRISE FL 33325

Mailing Address

14200 N.W. 4TH ST.  
SUNRISE FL 33325

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

10/11/1993

5. FEI Number

65-0446447

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	YARBOROUGH, DAVID	14200 NW 4TH ST	SUNRISE FL
D	DALE, TOMMY	1820 N 42 AVE	HOLLYWOOD FL
D	PICOU, RON	600 E LASOLAS BLVD 609 EAST Las Olas Blvd.	FT LAUDERDALE FL
D	DICKIE, WILLIAM	4390 NORTH FEDERAL HWY., STE. 10	FT. LAUDERDALE FL 33308

8. Name and Address of Current Registered Agent

YARBOROUGH, DAVID  
14200 N.W. 4TH ST.  
SUNRISE FL 33325

Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

100002883281--3

05/24/99--01005--006

\*\*\*\*900.00 \*\*\*\*900.00

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

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

Yes ☐ No ☒

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)