

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
RESTATEMENT



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

APPROVED
AND
FILED

96 SEP 30 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059063**

1. Corporation Name

CHUCK'S NATURAL FOODS OF CARROLLWOOD, INC.

Principal Place of Business

Mailing Address

10418 N DALE MABRY
TAMPA FL 33618

10418 N DALE MABRY
TAMPA FL 33618



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3263187

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HOMUTH, CHARLES	8005 SUWANNEE RIVER DR 201	TAMPA FL
P	Homuth, Charles A	11309 E Queensway Dr.	Temple Terrace, FL 33617
✓	Kristowski, Linda	4110 Hollowtrail	Tampa, FL 33624
			400001973894--3 -10/15/96--01091--016 ***200.00 ***200.00
			12/10/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~HOMUTH, CHARLES A~~
~~10418 N DALE MABRY~~
~~TAMPA FL 33618~~

Name
Homuth, Charles A
Street Address (P.O. Box Number is Not Acceptable)
11309 E Queensway Dr
Suite, Apt. #, Etc.

City
Temple Terrace

State
FL

Zip Code
33617

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

Charles A Homuth

REGISTERED AGENT MUST SIGN

Date 9-23-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Charles A Homuth

Charles A Homuth

9-23-96

813-966-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)