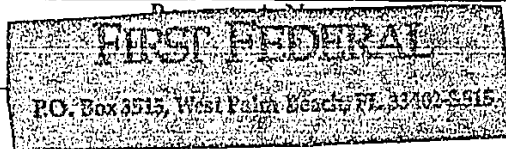


P94.000070.735



City/State/Zip

Phone #

Office Use Only

FILED
97 JAN -9 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

300001963893
-10/03/96--01048--015
*****35.00 *****35.00

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

RA Chg.

VS JAN 15 1997

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 10, 1996

FIRST FEDERAL
P.O. BOX 3515
W. PALM BEACH, FL 33402-3515

SUBJECT: RETAIL INVESTMENT CORP, INC.
Ref. Number: P94000070735

We have received your document for RETAIL INVESTMENT CORP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 496A00046206

*Rec'd Jan 9 #
DOS*

Florida Department of State, Sandra B. Mortham, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: RETAIL INVESTMENT CORP, INC.

2. The mailing address of the corporation is: 215 S. Olive Avenue
West Palm Beach, FL 33401

3. Date of incorporation/qualification: September 26, 1994 Document number: 194000043022
4. The name and address of the current registered agent and office: P94000070735

X First Federal Of The Palm Beaches
215 Olive Avenue
West Palm Beach, FL 33401

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

(Agent) Attn: John Trammel, Secretary
(Office) FIRST BANK OF FLORIDA
450 S. Australian Avenue, 9th Floor
West Palm Beach, FL 33401

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Rita Groton August 30, 1996
(Signature of an officer, chairman or vice chairman of the board) (Date)

RITA GROTON, PRESIDENT OF RETAIL INVESTMENT CORP, INC.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

John C. Trammel
(Signature of Registered Agent)

August 30, 1996
(Date)

If signing on behalf of an entity:

John C. Trammel, Secretary of
(Typed or Printed Name)

Registered Agent for Retail
Investment Corp, Inc.
(Capacity)

First Bank of Florida

450 S. Australian Avenue, 9th Fl.
West Palm Beach, FL 33401

FILING FEE: \$35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000077744

1 Corporation Name

CHAIRO, INC.

Principal Place of Business

5826 SW 89TH LANE
COOPER CITY FL 33328

Mailing Address

5826 SW 89TH LANE
COOPER CITY FL 33328



REINSTATEMENT

10/24/1994

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5 FEI Number

65-0519780

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

6579 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 Titles) | 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 |
|--------------|---|--|-------------------------|
| D/P | PICOU, JAMES E JR | 5826 SW 89TH LANE | COOPER CITY FL 33328 |
| v/s | PICOU, Tina M. | 5826 SW 89th Lane | Cooper City FL 33328 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

700002057847--5
-01/14/97--01168--012
****915.00 ****915.00

8. Name and Address of Current Registered Agent

PICOU, JAMES E JR
5826 SW 89TH LANE
COOPER CITY FL 33328

9. Name and Address of New Registered Agent

Name BRIAN LYNN
Street Address (P.O. Box Number is Not Acceptable)
2 So UNIVERSITY DR
Suite, Apt. #, Etc Suite 200
City Plantation
State FL Zip Code 33324

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

Brian Lynn

REGISTERED AGENT MUST SIGN

Date

12/10/96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Picou Jr.

Date

12.31.96

Daytime Phone #

846-4821

(954) 680 6146