

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

Mailing Address

**5826 SW 89TH LANE
COOPER CITY FL 33328**

**5826 SW 89TH LANE
COOPER CITY FL 33328**



REINSTATEMENT

00 96-97

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

10/24/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0519780

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)

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
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
******\$15.00 ****\$15.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

Brian Lynn

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

2 So UNIVERSITY DR

Suite, Apt. #, Etc.

Suite 205

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

Date **12/10/96**

REGISTERED AGENT MUST SIGN

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

Date

12.31.96

Daytime Phone #

846-4821

(954) 680 6146