

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jeffrey Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -9 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000032628

1. Corporation Name

CHUB, INC.

Principal Place of Business

Mailing Address

431 N BROADWAY ST
STARKE FL 32091

431 N BROADWAY ST
STARKE FL 32091

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

2 New Principal Office Address, If Applicable
615 W. Lafayette St.
Suite, Apt. #, etc.

3 New Mailing Office Address, If Applicable
P.O. Box 369
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1995

5. FEI Number

69-3312331

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

3209-0369

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	JOHNSON, LEONARD R	431 N BROADWAY ST 615 W. Lafayette St.	STARKE FL 32091

700003078317--2
-12/22/99--01081--013
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, LEONARD 615 W. Lafayette St.
431 N BROADWAY ST P.O. Box 369
STARKE FL 32091 - 32091

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

Leonard R. Johnson

REGISTERED AGENT MUST SIGN

Date 11-8-99

11. 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:

Leonard R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-99

Date

352-266-7945

Daytime Phone #

②

11/08/99

Chub, Inc.
P.O. Box 369
Starke, FL 32091

Good Morning,

I recieved this dissolution notice and it is the first one that I've seen. I changed my address and the post office assured me that I would recieve all of my mail. I just spoke with them and was told that certain classes of mail is not forwarded. I am assuming after speaking with my accountant and finding out that I should have recieved 2 previous notices that they were not forwarded to me. Why I got this one I don't know but, I am grateful to have at least gotten this one.

I am asking you to please waive the reinstatement fee and accept the check in the amount of \$150 that I was told on the phone by Tyrone to send.

Thank You,
Leonard R. Johnson