

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 DEC 22 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000086856

1. Corporation Name

CHAMBERLAIN AND CO., INC.

Principal Place of Business

2636 POLK STREET  
HOLLYWOOD FL 33020  
US

Mailing Address

P O BOX 22213  
HOLLYWOOD FL 33022  
US

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

2. New Principal Office Address, If Applicable

808 SW 4th Ct.

Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE, FL.

Zip Country  
33312 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
PO BOX 551628

City & State  
FT. LAUDERDALE FL

Zip Country  
33355 USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/1895

5. FEI Number

65-0630520

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)

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	CHAMBERLAIN, NATE	2636 POLK ST. 808 SW 4th Ct.	HOLLYWOOD FL FT. LAUDERDALE, FL, 33312

8. Name and Address of Current Registered Agent

CHAMBERLAIN, NATE

10850 SW 25TH ST

HOLLYWOOD FL 33022

808 SW 4th Ct.

FT. LAUDERDALE, FL.

33312

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12-15-97

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

NATE CHAMBERLAIN

Date

Daytime Phone #

12-15-97 954-295-4939

CR2E040 (8/97)