

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


page 1 of 2

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051443

1. Corporation Name

CHASTERY INC.

2. Principal Office Address

15066 SW 172 TERR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33187

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0710789

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NORYS MORAN

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

15066 SW 172 TERR

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33187

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Norys Moran
REGISTERED AGENT MUST SIGN

Date **10/31/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MAGNO MORAN	15066 SW 172 TERR	MIAMI, FL 33187
V-P	NORYS MORAN	15066 SW 172 TERR	MIAMI, FL 33187

97-000324 78

10. 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:

Norys Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

(786) 236-6562

Daytime Phone #

CR2E081 (9/99)

Page 2 of 2

P96-51442

Chastery Inc
15066 sw 172 terr
MIAMI, FL 33187
TEL. (786)236-6562

OCTOBER 27, 2000

FLORIDA DEPARTMENT OF STATE
RE: DOCUMENT # P96000051443
FEI NUMBER 65-0710789

TO WHOM IT MAY CONCERN:

I'M SENDING MY REINSTATEMENT REPORT BECAUSE I NEVER RECEIVED ORIGINAL ANNUAL REPORT, WE WOULD APPRECIATE IF YOU WAIVE THE LATE CHARGES.

ATTACHED ARE A CHECK IN THE AMOUNT OF \$615.00 AND REINSTATEMENT APPLICATION.

SINCERELY YOURS,


NORYS MORAN
DIRECTOR