

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000027804

1. Corporation Name

John M. Chaffee, Inc.

2. Principal Office Address

241 SE Whitmore Dr.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34984

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/24/1997

5. FEI Number

65-0407047

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

John M. Chaffee

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

241 SE Whitmore Dr.

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34984

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

John M. Chaffee
REGISTERED AGENT MUST SIGN

Date

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	John M. Chaffee	241 SE Whitmore Dr.	Port St. Lucie, FL 34984
VP	Susan Chaffee	241 SE Whitmore Dr.	Port St. Lucie, FL 34984

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:

John M. Chaffee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/03

Daytime Phone #

CR2E081 (1/02)

December 18, 2003

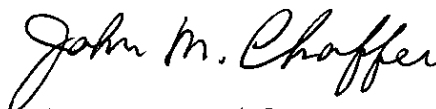
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: P97000027804
65-0407047 – Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status was inactive, until we attempted to change banks. This is due to the fact that we never received the Annual report forms that we are aware of. To this point we have never received our annual report forms for the year 2003. We had no desire to avoid these forms we simply never received them. In light of this situation we would request that you accept the enclosed check in the amount of \$150.00 for the annual fee, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us as shown on the enclosed reinstatement form. Thank you in advance for your time and consideration in this matter.

Sincerely,



John M. Chaffee