

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 20 AM 8:00

DOCUMENT # P97000027804

1. Entity Name  
JOHN M. CHAFFEE, INC.



Principal Place of Business  
241 S.E. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

Mailing Address  
241 S.E. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**REINSTATEMENT** 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12152004

REIN-P

CR2E098 (6/04)

*MRS*

4. FEI Number  
65-0407047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAFFEE, JOHN M  
241 S.E. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CHAFFEE, JOHN M  
STREET ADDRESS 241 SE WHITMIRE DRIVE  
CITY-ST-ZIP PORT ST LUCIE, FL 34984

TITLE ☐ Change ☐ Addition  
NAME 100043537431  
STREET ADDRESS 12/20/04--01070--012  
CITY-ST-ZIP \*\*150.00

TITLE V ☐ Delete  
NAME CHAFFEE, SUSAN  
STREET ADDRESS 241 S.E. WHITMORE DRIVE  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John M. Chaffee* John M. Chaffee 12/1/04 772-370-6443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #