

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000034601

1. Corporation Name

CHADEB, INC.

Principal Place of Business

2365 N.W. 43rd St

Boca Raton, FL 33431

Mailing Address

2365 N.W. 43rd Street

Boca Raton, FL 33431

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

2. New Principal Office Address, If Applicable

2365 N.W. 45th Street

3. New Mailing Office Address, If Applicable

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

City & State

City & State

Miami, Florida

Zip

Country

Zip

33131

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

4/17/1997

5. FEI Number

65-078-0591

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
D	Charles M. Herington	2365 N.W. 45th Street	Boca Raton, Florida 33431
D	Deborah A. Herington	2365 N.W. 45th Street	Boca Raton, Florida 33431

8. Name and Address of Current Registered Agent

Adams, Gallinar, Iglesias & Palenzuela, P.A.
701 Brickell Avenue, Suite 2150
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name

AGIM Registered Agents, Inc.

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

1200 Brickell Avenue, Suite 900

Suite, Apt. #, Etc.

RR

City

Miami

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/27/99

11. This corporation owes 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]

Director

4/27/99

(305) 416-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #