

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 30 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000049522

**1. Corporation Name**

Chino's Holdings, inc.

**2. Principal Office Address**

6780 N Ocean Blvd

Suite, Apt. #, etc.

City & State

Ocean Ridge FL

Zip

33435

Country

US

**3. Mailing Office Address**

6780 N Ocean Blvd

Suite, Apt. #, etc.

City & State

Ocean Ridge FL

Zip

33435

Country

US

**REINSTATEMENT 02-04**

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

6-2-97

**5. FEI Number**

594164928

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

Fernando Carmona

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

6780 N Ocean Blvd

Suite, Apt. #, Etc.

900039725609

07/30/04 01018 004 \*\*1050.00

City

Ocean Ridge

State

FL

Zip Code

33435

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 7-27-2004

**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
DPS	Shelby St James	6780 N Ocean Blvd Ocean Ridge FL 33435	Ocean Ridge FL 33435

**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:**

*[Signature]* Shelby St James

Date

7-27-2004

Daytime Phone #

(51) 248-0777

CR2E081 (01/04)