

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P 97000107094

1. Corporation Name

CHUTNEY ENTERPRISES INC.

2. Principal Office Address

6289 W. SUNRISE BLVD

Suite, Apt. #, etc.

STE 125

City & State

SUNRISE, FL

Zip

33313

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

FILED

03 SEP 18 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023166119

09/18/03--01014--006 **900.00

REINSTATEMENT 02-03

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

5. FEI Number

65-0816912

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

JAYSON BABOOLAL

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

6289 W. SUNRISE BLVD

Suite, Apt. #, Etc.

STE 125

City

SUNRISE, FL 33313

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 5/23/03

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
PRES	JAYSON BABOOLAL	6289 W. SUNRISE BLVD	SUNRISE, FL 33313
PRES			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/23/03 954-561-8813

Daytime Phone #

JK 9/18

CR2E081 (10/02)