

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JUN 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020992

1. Corporation Name

U.S. CHAMBER MAPS, INC.

Principal Place of Business

Mailing Address

4833 OKEECHOBEE BLVD
SUITE 111E
WEST PALM BEACH FL 33417

4833 OKEECHOBEE BLVD
SUITE 111E
WEST PALM BEACH FL 33417

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1998

5. FEI Number

65-0816667

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	4 City / State / Zip
D	FULTZ, MARK	4833 OKEECHOBEE BLVD STE 111E	WEST PALM BEACH FL 33401 33417
D	BENVENISTE, LARRY DAVID	4833 OKEECHOBEE BLVD STE 111E	WEST PALM BEACH FL 33401 33417

9000005977099-1
-06/25/02--01051--022
***900.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FULTZ, MARK
4833 OKEECHOBEE BLVD
SUITE 111E
WEST PALM BEACH FL 33417

Name

LARRY DAVID BENVENISTE

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

4833 OKEECHOBEE BLVD

Suite, Apt. #, Etc.

111E

City

WEST PALM BEACH

State

FL

Zip Code

33417

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

Larry D. Benveniste
REGISTERED AGENT MUST SIGN

Date

6-20-02

11. 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.

LARRY D. BENVENISTE V.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-02

Date

561 684 6698

Daytime Phone #

CR2E040 (8/01)