

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG -9 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800040019238
08/09/04--01077--004 **8.75

DOCUMENT # P98000038368

1. Corporation Name

CHANDLER KNOWLES, INC.

2. Principal Office Address

6400 LONG ST.

Suite, Apt. #, etc.

#27

City & State

PENSACOLA, FL

Zip

32504

Country

USA

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

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

4/27/1998

5. FEI Number

593513272

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

R.C. KNOWLES, JR

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

6400 LONG ST.

Suite, Apt. #, Etc.

#27

City

PENSACOLA

State
FL

Zip Code

32504

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

R.C. Knowles, Jr.
REGISTERED AGENT MUST SIGN

Date

8/5/2004

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
P	ROBERT C. KNOWLES, JR	6400 LONG ST #27	PNS, FL 32504

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

R.C. Knowles, Jr.

Date

8/5/2004

Daytime Phone #

850/380-1000

CR2E081 (01/04)

ps 2 q 2

CHANDLER KNOWLES, INC.

Designer-Builder
Since 1979

August 5, 2004

Florida Department of State
Division of Corporations
POB 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed two documents and three checks on account of Chandler Knowles, Inc.

First, is a Corporation Reinstatement application with a check for \$750.00. I understand that the fee for this application is suppose to be \$1,350.00. I spoke to someone in your office by telephone today and was advised to request a reduction in fees to the amount enclosed. ⁶⁸⁻⁰¹ I hereby request that a portion of the fee be waived for the reasons that I did not receive the renewal forms from you. I was working in New Mexico and my attorney and Registered Agent, Ted Soule, died. Additionally, I live in a condominium complex where the mail is delivered to a common mail box and it is often mis-delivered.

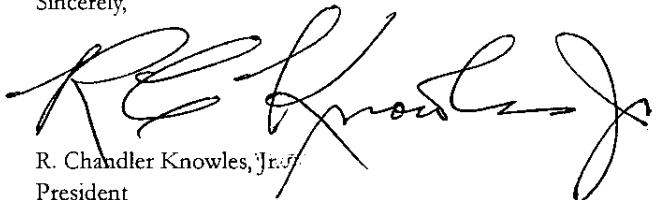
Secondly, I am enclosing a check for \$8.75 for a Certificate of Status.

Finally, I am enclosing a change of Registered Agent form, along with a check for \$87.50 as the fee. My Registered Agent and attorney, Theodore W. Soule, P.A., has died. I therefore changed the agent to myself until such time as I employ another attorney.

Contact information on me is shown at the foot of this letter. In addition, my cell phone number is 850/380-1000. My email address is chandlerknowles@att.net.

Thank you for your assistance in this matter.

Sincerely,



R. Chandler Knowles, Jr.
President

RCK