

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB 16 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000076259**

1. Corporation Name

Blue Chip Capital, Inc.

2. Principal Office Address

12407 Sion Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

U.S.A.

3. Mailing Office Address

same 12407 Sion Ct.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32824

Country

U.S.A.

REINSTATEMENT

99-2000

SP

4. Date Incorporated or Qualified
To Do Business in Florida

08/98

5. FEI Number

91-1980924

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

I am my own agent Eli Johnson

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

12407 Sion Ct.

500003144945-2

-02/23/00-01083-005

Suite, Apt. #, Etc.

******908.75 ****908.75**

City

Orlando

State

FL

Zip Code

32824

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

Eli Johnson

REGISTERED AGENT MUST SIGN

Date

08/98

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.	Eli R. Johnson	12407 Sion Ct	Orlando, FL 32824
V.P.	Shawna Johnson	12407 Sion Ct.	Orlando, FL 32824
Director	Eric Johnson	1164 E. Silver Mesa Circle	Draper, UT 84094
D	Eli R. Johnson	12407 Sion Ct.	Orlando, FL 32824
D	Shawna Johnson	12407 Sion Ct.	Orlando, FL 32824

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:

Eli R. Johnson (Eli R. Johnson)

1/7/00

(407) 857-1221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #