

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

LETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99 0000 13503

Corporation Name
Charz, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 17 PM 12:14

Principal Place of Business Mailing Address
5539 Silverspur Dr.
Holiday FL 34690

100004419001--4
-06/14/01--01011--008
****150.00 ****150.00

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

New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Apt. #, etc.		Suite, Apt. #, etc.		62-03-99	
City & State		City & State		5. FEI Number	
Country		Zip		59-3555351	
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				58.75 Additional Fee required for a Certificate of Status	

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name of Officers and/or Directors	2. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3. City / State / Zip
Charlene M. Sylvester	5539 Silverspur Dr.	Holiday FL 34690
Gerald R. Sylvester	5539 Silverspur Dr	Holiday FL 34690
Kristi D. Simmonds	1313 Ironwork Ln	Spring Springs FL 34688
Terese R. Sylvester	1586 Acklesheel Dr	Holiday FL 34690
Robert L. Gross	5539 Silverspur Dr	Holiday FL 34690

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James H. Gilliam Sr. 7421 Bent Oak Dr. Port Richey FL 34668		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 4-14-01

This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

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]* Gerald R. Sylvester Date: 4-14-01 (727) 939-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #