

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
Oct 09, 2002 8:00 A.M
Secretary of State

DOCUMENT # P99000016846

1. Corporation Name

CHASCO, Inc
2704 Glen Oak Cr
Gulf Breeze FL 32563

400008279604--2
-10/09/02--01017--001
****450.00 ****450.00

2. Principal Office Address

27044 Glen Oak Cr

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Zip

32563

Country

USA

Zip

Country

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

5. FEI Number

59-3568532

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

Chase W Smith

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

2704 Glen Oak Cr

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

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

9/25/02

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	Chase W Smith	2704 Glen Oak Cr	Gulf Breeze FL 32563
VP	Ross W Smith	2704 Glen Oak Cr	Gulf Breeze FL 32563

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

9/25/02

Daytime Phone #

850-932-7542

CR2E081 (9/01)

September 24, 2002

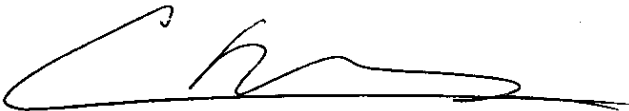
Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

To Whom It May Concern:

This letter is to inform that the corporation never received the 2000 renewal. Due to this problem we are asking for reinstatement and to waive all penalty for this corporation. Also enclosed are my reinstatement form and a check for \$450.00. If there are any questions please call me at 850-932-7542.

Thank you in advance for your help.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chase W. Smith', with a long horizontal flourish extending to the right.

Chase W. Smith