

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000019471

1. Corporation Name

CKM ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11927 DIRBYSHIRE DR.
TAMPA FL 33626

11927 DIRBYSHIRE DR.
TAMPA FL 33626

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

03/01/1999

5. FEI Number

59-3577222

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	MCCHORD, C.P.	11927 DIRBYSHIRE DR.	TAMPA FL 33626
VP	MCCHORD, CAROLYN A	11927 DIRBYSHIRE DR.	TAMPA FL 33626

000004693590--4
-11/26/01--01071--007
*****550.00 *****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MILLS, GLORIA J
4133B HENDERSON BLVD.
TAMPA FL 33629

Name Carolyn McChord
Street Address (P.O. Box Number is Not Acceptable)
11927 Derbyshire Dr.
Suite, Apt. #, Etc.
City Tampa
State FL Zip Code 33626

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

SIGNATURE REQUIRED
Carolyn McChord
REGISTERED AGENT MUST SIGN

Date

10/25/01

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.

SIGNATURE:

SIGNATURE REQUIRED
Carolyn McChord, President 10/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

222

**CKM ASSOCIATES, INC.
11927 DERBYSHIRE DRIVE
TAMPA, FL 33626
PHONE (813)818-9809 FAX (813)855-7083
email:cmccord@tampabay.rr.com**

ref: 2001 Uniform Business Report

**Please be advised that this report was filed with you in July of 2001,
although our check has not yet cleared.**

**Also note, we made changes in April of 2000 to the Registered Agent
contact and officers which are still not reflected in our records.**

We would ask the following:

PLEASE CHANGE OUR RECORDS AS PER OUR FORM.

**KINDLY ACCEPT OUR SECOND CHECK IN THE AMOUNT OF
\$550.00 AND ASSURE ALL CHANGES ARE MADE PER OUR
COMPLETED DOCUMENT P99000019471. WE HAVE STOPPED
PAYMENT ON OUR ORIGINAL CHECK.**

I appreciate your immediate attention to this matter.

Regards,

**Carolyn A. McChord
President**