

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 17 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039607

**1. Corporation Name**

CHANTEY OF PINELLAS, INC.

**2. Principal Office Address**

840 5TH AVE. N.W.

Suite, Apt. #, etc.

City & State

LARGO, FL.

Zip

33770

Country

PINELLAS

**3. Mailing Office Address**

840 5TH AVE. N. W.

Suite, Apt. #, etc.

City & State

LARGO, FL.

Zip

33770

Country

PINELLAS

200014241992

03/17/03--01063--015 \*\*608.75

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

1999

**5. FEI Number**

59-3663900

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

JON TAGGART

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

840 5TH AVE. N.W

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770

**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. 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	JON TAGGART	840 5TH AVE. N.W.	LARGO, FL. 33770

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2003

Date

727-410-8062

Daytime Phone #

CR2E081 (10/02)

Ronald L. Willett CPA  
P.O. Box 219  
609 Barry Place  
Indian Rocks Beach, Fl. 33785-0219

727-596-7525  
Fax 727-596-7526  
Email [ronwillett.cpa@verizon.net](mailto:ronwillett.cpa@verizon.net)  
[willettron@aol.com](mailto:willettron@aol.com)

March 13, 2003

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Chantey of Pinellas, Inc  
P99000039607  
Letter #: 403A00005178

Attn: Michelle Milligan

Dear Sirs:

The referenced corporation was set up by and the registered agents address was the attorney that incorporated it for my client, Jon Taggart, in 1999. Unfortunately when the attorney moved his office two times in a relatively short span of years the Annual Report for the interim years after never caught up. The attorney has apologized for the inconvenience, but that still leaves us in a position of requesting an abatement of penalties for the error. This poor guy is a fisherman that the corporation holds the license in its name and he desperately needs to get this reinstated ASAP to renew his licenses. Please abate any penalties and reinstate with the enclosed check. When I called the gentleman I talked to said the net reinstatement fee would be \$ 600 plus \$ 8.75 for a certificate of status.

Thank you in advance for your cooperation on this matter.

Yours truly,



RON WILLETT CPA