

P99000063405

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000063405**

**1. Corporation Name**

**Chief Investments Florida, Inc.**

**2. Principal Office Address**

**1655 27<sup>th</sup> Street**

Suite, Apt. #, etc.

**Suite 2**

City & State

**Vero Beach FL**

Zip

**32960**

Country

**USA**

**3. Mailing Office Address**

**1655 27<sup>th</sup> Street**

Suite, Apt. #, etc.

**Suite 2**

City & State

**Vero Beach FL**

Zip

**32960**

Country

**USA**

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

**8/31/99**

**5. FEI Number**

**65-0944158**

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

**Andrew W. Williams**

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

**1655 27<sup>th</sup> Street**

Suite, Apt. #, Etc.

**Suite 2**

City

**Vero Beach**

State

**FL**

Zip Code

**32960**

**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

*Andrew W. Williams*

REGISTERED AGENT MUST SIGN

Date

**6/11/03**

**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

*See attached  
sheet*

**AL**

**REINSTATEMENT**

**02-03**

**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:

*Andrew W. Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/11/03**  
Date

**772-231-0291**  
Daytime Phone #

CR2E081 (10/02)

292

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD WUNDERLICH, ALVIN W JR 4921 WILLIAM ARNOLD ROAD MEMPHIS TN 38117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<div style="text-align: center;">             FILED              03 JUN 19 AM 11:06              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WUNDERLICH, ALVIN W III 5188 WHEELIS DRIVE MEMPHIS TN 38117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WUNDERLICH, G KEND <i>Kent</i> 6305 HUMPHREYS BLVD, SUITE 100 MEMPHIS TN 38120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD WILLIAMS, ROBIN W 616 AZALEA LANE <i>2614 CARDINAL DR.</i> VERO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VAS WUNDERLICH, PHILIP S 6305 HUMPHREYS BLVD, SUITE 310 MEMPHIS TN 38120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS WILLIAMS, ANDREW W 616 AZALEA LANE <i>2614 CARDINAL DR.</i> VERO BEACH FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)