

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076403

1. Corporation Name

CHOCOLATE ALMON CORPORATION

Principal Place of Business

500 BELZ OUTLET BLVD., SUITE 290
ST. AUGUSTINE FL 32095

Mailing Address

500 BELZ OUTLET BLVD., SUITE 290
ST. AUGUSTINE FL 32095

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

59-3594249

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALMON, RICHARD BRYAN	046 SEA SHELL LANE 1049 Celebration Ave	PONTE VEDRA BEACH FL 32082 Celebration, FL 34747

000024198510
10/28/03--01038--005 **150.00

*Please waive late
fees, as this is
the only notice we've
received. We apologize
for any inconvenience.*

Richard Bryan Almon

8. Name and Address of Current Registered Agent

ALMON, RICHARD BRYAN
500 BELZ OUTLET BLVD., SUITE 290
ST. AUGUSTINE FL 32095

Name and Address of New Registered Agent

Number is Not Acceptable)

State
FL

Zip Code

10. I, being appointed the registered agent of the

of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard Bryan Almon

REGISTERED AGENT MUST SIGN

Date

10/22/03

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:

Richard Bryan Almon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03 (407) 465-1002

CR2E040 (7/03)