

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 25 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104832

1. Corporation Name

NEW CHAPTER INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~4134 GULF OF MEXICO DRIVE~~  
~~SUITE 302~~  
~~LONGBOAT KEY FL 34228~~

~~4134 GULF OF MEXICO DRIVE~~  
~~SUITE 302~~  
~~LONGBOAT KEY FL 34228~~

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

2. New Principal Office Address, If Applicable

~~635 MANCROVE PT ROAD~~

Suite, Apt. #, etc.

City & State

SARASOTA FL 34242

Zip

Country

3. New Mailing Office Address, If Applicable

~~635 MANCROVE PT ROAD~~

Suite, Apt. #, etc.

City & State

SARASOTA FL 34242

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1999

5. FEI Number

65-0969012

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--|
| PD            | SMITH, WILL                               | 4134 GULF OF MEXICO DRIVE SUITE                        | LONGBOAT KEY FL 34228<br>100003463811--3<br>-11/15/00--01029--006<br>****758.75 ****758.75 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

SMITH, WILL  
4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY FL 34228

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*W. Smith*

REGISTERED AGENT MUST SIGN

Date OCT-21-00

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:

*W. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT-21-00

Date

941-349-2710

Daytime Phone #

CR2ED40 (8/00)