

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 AUG 14 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106985

1. Corporation Name

CHA - RON INC.

2. Principal Office Address

627 S. 5<sup>th</sup> St.

Suite, Apt. #, etc.

City & State

MacClenny, FL

Zip 32063

Country U.S.A.

3. Mailing Office Address

1502 Old Dine Field Rd

Suite, Apt. #, etc.

City & State

Middleburg, FL

Zip 32068

Country U.S.A.

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-08/28/01--01053--016

\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

Dec. 7, 1999

5. FEI Number

59-3615295

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

Martha S. Eschuchen Esq.

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

14041 U.S. Highway One

Suite, Apt. #, Etc.

B

City

Juno Beach

State

FL

Zip Code

33408

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/18/01

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
<u>P</u>	<u>Charlotte B. Ulmer</u>	<u>1502 Old Dine Field Rd</u>	<u>Middleburg, FL 32068</u>
<u>V</u>	<u>Ronald S. Ulmer III</u>	<u>DO.</u>	<u>DO.</u>
<u>T</u>	<u>Bettina B. Burdette</u>	<u>DO.</u>	<u>DO.</u>

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:

R. Ronald S. Ulmer III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/01

Date

(904) 282-1833

Daytime Phone #