

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

172

FILED

03 NOV -5 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S91465**

1. Corporation Name

CHASON ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2350 PALM LAKE DRIVE
MERRITT ISLAND FL 32952

2350 PALM LAKE DRIVE
MERRITT ISLAND FL 32952



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3091934

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CTS	CHASON, CAROLYN C	2350 PALM LAKE DRIVE	MERRITT ISLAND FL 32952
P	CHASON, DEREK A	2350 PALM LAKE DR	MERRITT ISLAND FL

800024429968

11/05/03--01013--009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHASON, CAROLYN C
2350 PALM LAKE DRIVE
MERRITT ISLAND FL 32952

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. or 617.0505, F.S.

Signature of
Registered Agent

Carolyn C. Chason
REGISTERED AGENT MUST SIGN

Date

10/31/03

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:

CAROLYN C. CHASON
Carolyn C. Chason, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 321-454-3839

CR2E040 (7/03)

272

Friday, October 31, 2003

To whom it concerns,

I'm writing because our corporation was dissolved since we hadn't filed our document S91465.

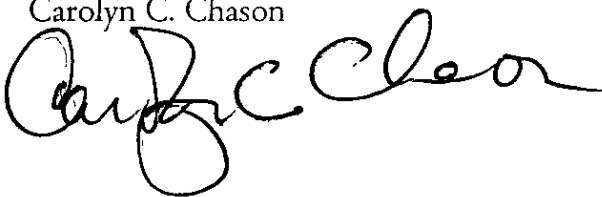
I was unable to file due to caring for newborn twins, a toddler, and helping settle the estate of my mother who died of leukemia. All of these events occurred at the end of last year and I got very behind on filing and paperwork at the first of the year due to literal lack of sleep.

I thought this form had been filed timely and had every intention of doing so.

Please consider my request for amnesty from the penalty due to the intense personal responsibilities that must have contributed to this error.

Best regards,

Carolyn C. Chason



FLORIDA

2350 Palm Lake Drive

Merritt Island, FL 32951

Phone: 321-454-3839

Fax: 321-453-8588

Email: carolyn@chason.com

Internet: www.chason.com