

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V10449

1. Corporation Name

CHIC'S INK, INC.

Principal Place of Business

106 CANTERBURY DR W.  
W. PALM BEACH FL 33407-509  
US

Mailing Address

106 CANTERBURY DR W  
W. PALM BEACH FL 33407-509  
US

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

2. New Principal Office Address, If Applicable

4440 RIVERPINE CT

Suite, Apt. #, etc.

c/o H. Purick

City & State

TEQUESTA FL

3. New Mailing Office Address, If Applicable

PO BOX 282

Suite, Apt. #, etc.

MIDDLE HADDAM CT.

City & State

TEQUESTA FL

Zip

33469

Country

PALM BEACH

Zip

06456

Country

USA

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1992

5. FEI Number

65-0308053

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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
PTD	HARMON, CHARLES C	106 CANTERBURY DR W. 32 MIDDLE HADDAM RD	WEST PALM BEACH FL MIDDLE HADDAM, CT 06456
VS	HARMON, PATRICIA S	106 CANTERBURY DR W. 32 MIDDLE HADDAM RD	WEST PALM BEACH FL MIDDLE HADDAM, CT 06456

300003095323--3  
-01/12/00--01002--007  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

HARMON, CHARLES C.  
106 CANTERBURY DR W.  
W. PALM BEACH FL 33407-1509

9. Name and Address of New Registered Agent

Name

HERBERT PURICK

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

4440 RIVERPINE CT.

Suite, Apt. #, Etc.

City

TEQUESTA

State

FL

Zip Code

33469

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12/28/99

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES C. HARMON 12/18/99 (860) 677748

Date

Daytime Phone #

KE