

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 AM 10:26

DOCUMENT # **V10449**

1. Corporation Name

**CHIC'S INK, INC.**

Principal Place of Business

Mailing Address

4440 RIVERPINE CT.  
C/O H. PURICK  
TEQUESTA FL 33469  
US

P.O. BOX 282  
MIDDLE HADDAM CT 06456  
US



**REINSTATEMENT**

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

13843 158TH ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33478

FL

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 ☐

\$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
PTD	HARMON, CHARLES C	32 MIDDLE HADDAM RD.	MIDDLE HADDAM CT 06456
VS	HARMON, PATRICIA S	32 MIDDLE HADDAM RD.	MIDDLE HADDAM CT 06456
			200003523932--4 -01/04/01--01102--012 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

PURICK, HERBERT  
4440 RIVERPINE CT.  
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
13843 158TH ST N  
Suite, Apt. #, Etc.  
F  
City  
SUPITA, FL  
State  
FL  
Zip Code  
33478

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

REGISTERED AGENT MUST SIGN

Date

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:

*Charles C. Harmon*

CHARLES C. HARMON, PRES.

Date

Daytime Phone #

12-8-00 860-267-7748