

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -5 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V33862

1. Corporation Name

J.B. CHAMBERS INVESTMENTS, INC.

Principal Place of Business

400 NORTH NORTH NEW YORK AVE.
SUITE 200
WINTER PARK FL 32789

Mailing Address

C/O JULIUS B. CHAMBERS, M.D.
BOX 604
TANGERINE FL 32777

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1992

5. FEI Number

59-3119541

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	CHAMBERS, J. B	P. O. BOX 604 N/A	TANGERING FL
D	CHAMBERS, B	400 N NEW YORK AVENUE SUITE 200	WINTER PARK FL

000002343030--9
-11710797--01119--010
****750.00 ****750.00

REINSTATEMENT

97

B. Alan

8. Name and Address of Current Registered Agent

CHAMBERS, BURGESS
400 N NEW YORK AVENUE SUITE 300
WINTER PARK FL 32789

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

Burgess Chambers

REGISTERED AGENT MUST SIGN

Date *3 Nov 97*

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

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

SIGNATURE:

Julius B. Chambers, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Nov 1997

Date

352-

383-7442

Daytime Phone #