

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 23 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719062

1. Corporation Name

CHIPPER, INC.

100009633621
12/23/02--01045--006 **245.00

REINSTATEMENT 02

2. Principal Office Address		3. Mailing Office Address	
1040 CRYSTAL LAKE DRIVE		1040 CRYSTAL LAKE DR	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33064	Country USA	Zip 33064	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/02/1970	
5. FEI Number 650132258	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARIA C. ALBUQUERQUE		
Street Address (P.O. Box Number is Not Acceptable) 1040 CRYSTAL LAKE DRIVE		
Suite, Apt. #, Etc. #2		
City POMPANO BEACH	State FL	Zip Code 33064

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 Maria C. Albuquerque Date 12/19/02
REGISTERED AGENT MUST SIGN

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
PTD	MARIA ALBUQUERQUE	1040 CRYSTAL LAKE DR #2	Pompano Bch, FL 33064
VSD	JUANDIR ALBUQUERQUE	1040 CRYSTAL LAKE DR #2	Pompano Bch, FL 33064
TD	JENNIFER ALBUQUERQUE	1040 CRYSTAL LAKE DR #3	Pompano Bch, FL 33064
S	LUIZ FERNARO	1040 CRYSTAL LAKE DR #3	Pompano Bch, FL 33064

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: Maria C. Albuquerque Date 12/19/02 Daytime Phone # 954-786-0560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (9/01)

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