

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 OCT 28 PM 3:06

DOCUMENT # **P00000050158**

1. Corporation Name

**CHAOS RODS, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business

UNITS 1313 & 1315 NORTH G CENTER  
 1303 CENTRAL TER  
 LAKE WORTH FL 33460

Mailing Address

UNITS 1313 & 1315 NORTH G CENTER  
 1303 CENTRAL TER  
 LAKE WORTH FL 33460

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

05/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1012152

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	CASTELLS, ADOLFO	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
D	CASTELLS, SUMMER	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
VT	CONNLEY, BRYAN	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460
D	CONNLEY, JESSICA	UNITS 1313 & 1315 NORTH G CENTER	LAKE WORTH FL 33460

000008613280  
 10/28/02-01050-004 \*\*750.00

8. Name and Address of Current Registered Agent

ROMM, MICHAEL R ESQ  
 2189 SE 9TH ST  
 POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name **Castells, Adolfo**  
 Street Address (P.O. Box Number is Not Acceptable) **1441 Lantana Court**  
 Suite, Apt. # Etc. **Weston**  
 City **Weston** State **FL** Zip Code **33326**

CR2040 (8/02)

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

*Adolfo Castells*  
 REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*Signature of Summer Castells*

10/21/02 (561) 547-8066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #