

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 28 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082317

1. Corporation Name

CHAOTIC ENTERPRISES, INC.

2. Principal Office Address

10645 HAMMOCKS BLVD.

Suite, Apt. #, etc.

728

City & State

MIAMI, FLORIDA

Zip

33196

Country

US

3. Mailing Office Address

13214 S.W. 10 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

US

**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

JULY 30, 2002

5. FEI Number

37-1439300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JONNAS SAID MORENO

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

13214 S.W. 10 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33184

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

Date 10/16/03

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
P/D	ELEAZAR MORENO	10645 HAMMOCKS BLVD. #728	MIAMI, FLORIDA 33196
V/D	JONNAS SAID MORENO	13214 S.W. 10 TERRACE	MIAMI, FLORIDA 33184
T/S	AMAPIS MORENO	10645 HAMMOCKS BLVD. #728	MIAMI, FLORIDA 33196

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELEAZAR MORENO

10/16/03

Date

305-873-1304

Daytime Phone #

CR2E081 (10/02)

21 10/21

**CHAOTIC ENTERPRISES, INC.**

**10645 Hammocks Blvd. #728**

**Miami, Florida 33196**

**305-752-5001**

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October 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sirs:

Please find enclosed Chaotic Enterprises Inc. Corporation reinstatement application together with \$150.00 renewal fee.

As previously explained to one of your agents, I never received the renewal form, although when moving the post office was and is still forwarding my correspondence to the above mentioned address.

I appreciate very much for help in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to be 'Eleazar Moreno', is enclosed within a large, hand-drawn oval.

Eleazar Moreno  
President