

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 1:30

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P95000056754

1. Corporation Name

Chapel Development, Inc

2. Principal Office Address

6000 Gentle Ben Circle

Suite, Apt. #, etc.

3. Mailing Office Address

6000 Gentle Ben Circle

Suite, Apt. #, etc.

City & State

Wesley Chapel FL

City & State

Wesley Chapel FL

Zip

33544

Country

USA

Zip

33544

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/20/1995 SP

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SEE INSTRUCTIONS FOR APPLICABLE
FEES AND DEADLINES

7. Name and Address of Current Registered Agent

Name

Cindy MEYER - WEBB

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

6000 Gentle Ben Circle

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

10/25/01

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
D	Cindy Meyer	3743 Sandalwood Dr.	Land Oakes FL 34639

10. I certify that I am an officer or director of 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]

Cindy Meyer

Date

10/25/01

Daytime Phone #

813 973 1318

REINSTATEMENT 01

CR2001 (8/00)