PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



300 S. Orange Ave.,

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P97000032255

1. Corporation Name

WAR CHEST, INC.

2. Principal Office Address 500 N. Maitland Ave. Suite, Apt. #, etc. Suite 313 City & State Maitland, Florida		3. Mailing Office Address 500 N. Maitland Ave.		REINSTATEMENT 99-01		
		Suite, Apt. #, etc.				
		Suite 313		4. Date Incorporated or Qualified To Do Business in Florida	04/09/97	
		City & State Maitland,	Florida	5. FEI Number 59-3444204	Applied For Not Applicable	
^{Zip} 32751	Country USA	Zip 32751	Country USA	6. CERTIFICATE OF STATUS DESIRED	69 75 4 11 11 11 11 11	
		7. Name	and Address of Current Re	-		
	J. Gregory Humphries, Esq.			600004 , -05/22	275576 3 70101023-019	
	Street Address (P.O. Box Numb			***10	30.00 ***1 0 30.00	

	Suite 1000		*****20.00 *****20.00
	City Orlando	المالية المستحدد والمستحدد والمستحد والمستحدد	State Zip Code 3 2801
8. I, being	appointed the registered agent of the above named corp	oration, am familiar with and accept the obligations of sect	ion 607.0505 or 617.0503, F.S.
Signature o	Agent	GENT MUST SIGN	Date 4/20/0/
9. Names	s and Street Addresses of Each Officer and/or Director (F	lorida 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	Donald C. Mealey	3772 W. Colonial Dr.	Orlando, FL 32808
S-T-D	W. Warner Peacock	500 N. Maitland Ave., #313	Maitland, FL 32751
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. 10. I certif	v that I am an officer or director or the receiver or trustee	empowered to execute this application as provided for in ch	anter 607 or 617 E.S. Lfurther certify that when filling

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.

Warner Peacock

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

407-622-8864

Daytime Phone #