

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

02-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY -8 AM 9:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000043772

1. Corporation Name

CHAPEL COTTAGE, INC.

800019575238
05/20/03--01045--019 **150.00

800019575238
05/20/03--01045--018 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5-12-97

5. FEI Number

65-0762372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

2. Principal Office Address

C/O SWOPE LAMBERSON

Suite, Apt. #, etc.

8955 FONTANA DEL SOL WAY

City & State

NAPLES, FL

Zip

Country

34109

3. Mailing Office Address

C/O SWOPE LAMBERSON

Suite, Apt. #, etc.

P.O. BOX 111419

City & State

NAPLES, FL

Zip

Country

34108-0124

7. Name and Address of Current Registered Agent

Name

LAMBERSON, JANE E

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

8955 FONTANA DEL SOL WAY

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

Jane E Lamberson

Date 4/24/03

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 Officers and/or Director	City/State/Zip
DPVS	LAMBERSON, JANE E	8955 FONTANA DEL SOL WAY	NAPLES, FL 34109

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: *Jane E Lamberson* President
JANE E. LAMBERSON

4/24/03

239-262-0170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

98 5/11

CHAPEL COTTAGE, INC.

P.O. Box 111419
Naples, FL 34108-0124
(239) 262-0170

April 9, 2003

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

Re: Waiver of Florida Annual Report Reinstatement Fee

To Whom It May Concern:

We request a waiver of the Florida annual report reinstatement fee for Chapel Cottage, Inc. The firm relocated in September, 2001 and did not receive the 2002 Uniform Business Report form.

Please contact me if you have any questions.

Sincerely,

CHAPEL COTTAGE, INC.



Jane E. Lamberson
Certified Public Accountant

JEL/slj

Enclosures

SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.

DEPARTMENT OF STATE

Check Number: 33243
Check Date: Apr 28, 2003

33243

Check Amount: \$150.00

Discount Taken Amount Paid

150.00

Item to be Paid - Description

#818 CHAPEL COTTAGE

SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.

DEPARTMENT OF STATE

Check Number: 33251
Check Date: Apr 29, 2003

33251

Check Amount: \$150.00

Discount Taken Amount Paid

150.00

Item to be Paid - Description

CHAPEL COTTAGE, INC. #818