

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION FOR



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

FILED

00 OCT 31 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028161

1. Corporation Name

CHRIS KALLAS, INC.

Principal Place of Business

Mailing Address

4031 NW 106TH DRIVE
CORAL SPRINGS FL 33065

4031 NW 106TH DRIVE
CORAL SPRINGS FL 33065



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

03/26/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0828039

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
D	KALLAS, CHRISTINE A	4031 NW 106TH DRIVE	CORAL SPRINGS FL 33065

500003168765-2
-11/17/00--01067--002
***150.00 ***150.00

8. Name and Address of Current Registered Agent

KALLAS, CHRISTINE A
4031 NW 106TH DRIVE
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/26/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/26/00

Daytime Phone #

(954) 3446226

CR2E040 (8/00)

October 26, 2000

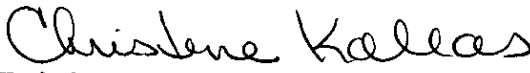
Chris Kallas Inc.
4031 NW 106 Drive
Coral Springs, FL 33065

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

To Whom it may concern:

This letter is written to inform the Department of Reinstatement of my situation. I mailed out my Corporation Annual Report Form with a check for \$150.00 on or about the end of April 2000. I had not received a follow-up or second notice as so stated in this most recent mailing which informed me of dissolution of my corporation. I received this mailing approximately 10/20 at which time I have phoned and visited my bank to research the status of the check that was mailed to your department over 6 months ago. Obviously my mailing, with the enclosed check never made it to your department. I have phoned the provided number at (850) 487-6059 on this date to explain my situation. I was instructed to send my explanation along with another check for \$150.00. Please review and reinstate my corporation considering my unfortunate situation.

Thank you for your attention,


Christine Kallas