

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

①

FILED

99 NOV 15 PM 5:07

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000030285

1. Corporation Name

CHAMBERLAIN ADVANTAGE, INC.

Principal Place of Business

Mailing Address

556 HOLBROOK CIR  
 LAKE MARY FL 32746

556 HOLBROOK CIR  
 LAKE MARY FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



4/20/99 90107/034 \$150.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3500353

Not Applicable

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
Pres.	Tara Chamberlain	556 Holbrook Cir. <del>Lake Mary Fl 32746</del>	Lake Mary FL 32746

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAMBERLAN, TARA  
 556 HOLBROOK CIR  
 LAKE MARY FL 32746

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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

*Tara Chamberlain* (Tara Chamberlain President)  
 REGISTERED AGENT MUST SIGN

Date 11-10-99

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.

407 324-4403

SIGNATURE:

*Tara Chamberlain*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Tara Chamberlain  
 President

11-10-99

Date

Daytime Phone #

CR2E040 (8/99)

②

**CHAMBERLAIN ADVANTAGE**

**556 HOLBROOK, CIRCLE  
LAKE MARY, FL 32746  
(407) 324-4003**

November 10, 1999

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

To Whom It May Concern:

Re: FEI Number

I had responded to a request for the number in April, 1999. I then called the phone number on back and the person instructed to send this letter along with the form and I wouldn't need to send any money. This is due to the fact that I paid it in February, 1999 but you didn't know where to apply it due to the FEI number.

My FEI number is 59-3500353. If there is any problems please contact me.

Sincerely,



Tara Chamberlain  
President