

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 FEB 24 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99000004042

1. Corporation Name
CHASE Holdings, INC

2. Principal Office Address <u>391 Coral Way, Suite #613</u> Suite, Apt. #, etc. <u>#613</u> City & State <u>MIA. FL.</u> Zip <u>33145</u> Country <u>USA</u>		3. Mailing Office Address <u>391 Coral Way, Suite #613</u> Suite, Apt. #, etc. <u>613</u> City & State <u>MIA. FL.</u> Zip <u>33145</u> Country <u>USA</u>	
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400014090814
03/14/03--01058--010 **308.75

4. Date Incorporated or Qualified To Do Business in Florida <u>01/14/99</u>	Applied For <input type="checkbox"/>
5. FEI Number <u>65-0880888</u>	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JAVIER SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
391 Coral Way, Suite #613

Suite, Apt. #, Etc.
#613

City
MIA. FL. State
FL Zip Code
33145

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: [Signature] Date: 2/19/03

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 Officer and/or Director	City / State / Zip
<u>P/D S/T</u>	<u>JAVIER SANCHEZ</u>	<u>391 Coral Way #613</u>	<u>Miami, FL 33145</u>

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: [Signature] Date: 2/19/03 Daytime Phone #: [Blank]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

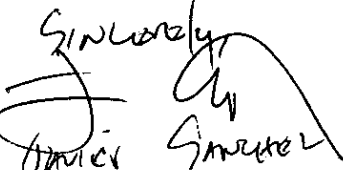
CR2E081 (10/02)

CHASE Holdings, Inc
3191 Coral Way, Suite #613
MIA. FL 33145

RE: Reinstatement of Corporation.

TO: Secretary of State

- Please accept this letter for JAE Corporate Renewal due to
that we never received the ANNUAL REPORT APPLICATION in the
Principal Office. Please waive our penalty fees.

Sincerely,

Daniel Smetzel
PRESIDENT 2/19/03

Charter Number Only

PICK-UP

2/19/03

JAVIER SANCHEZ

Requestor's Name

3191 CORAL WAY #613

Address

MIAMI FL 33148

City

State

ZIP

Phone

305) 448-7977

VALIDATION ONLY

CORPORATION(S) NAME

CHASE Holdings, INC



Empire Toll Free: 1-800-432-3028

RECEIVED
03 FEB 20 AM 10:31
DEPT. OF BANKING & FINANCE
STATE OF FLORIDA

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

PICK UP
DEPT. OF BANKING & FINANCE
STATE OF FLORIDA

03 FEB 24 AM 10:21

RECEIVED

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier