

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857349

1. Corporation Name
CHASE CORPORATE SERVICES, INC.

Principal Place of Business Mailing Address
A CHASE MANHATTAN PLAZA C/O DOMESTIC SUBS.
NEW YORK NY 10091 ~~2 CHASE MANHATTAN PLAZA~~
US NEW YORK NY ~~10091~~
US



REINSTATEMENT 97-98 a. Mary 3/16/98

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/08/1983	
City & State		City & State		5. FEI Number	
Zip		Country		13-2781984	
10004				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	COHEN, HERBERT M	1211 AVENUE OF THE AMERICAS	NEW YORK NY
V	CAULFIELD, JOHN V	2 CHASE MANHATTAN PLAZA	NEW YORK NY
V	FIELD, ROBERT R	4 CHASE MANHATTAN PLAZA	NEW YORK NY
M	LIND, PEBER K.	7 TEXAS COMMERCE BANK	DALLAS TX
VT	LEARY BLOUNT, SYLVIA D.	2 CHASE MANHATTAN PLAZA	NEW YORK NY
S	KNUTSON, DAVID H	1 CHASE MANHATTAN PLAZA	NEW YORK NY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
600002462566--1 -03/19/98--01109--014 ***388 00 ***388 00 FL State 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 [Signature] Date 3/11/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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] JOHN B. EVANS 12/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)