PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2010 JUL -7 P 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002510

1. Corporation Name CHARTER SOLUTIONS
DBA CS
CROSS REFERENCE SOLUTIONS

200183009942
07/07/10--01017--014 **1350.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
777 S. Flagler Dr.	
Suite, Apt. #, etc. 800 West Tower	Suite, Apt. #, etc.
City & State West Palm Beach FL.	City & State
Zip 33401 / Country West Palm	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 4-21-2005

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Richard J. Sullivan
Street Address (P.O. Box Number is Not Acceptable): 777 S. Flagler Dr.
Suite, Apt. #, Etc.: 800 West Tower
City: West Palm Beach / State: FL / Zip Code: 33401

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: Richard J. Sullivan — REGISTERED AGENT MUST SIGN — Date 7-06-10

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
PRES	Richard J. Sullivan	777 S. Flagler Dr. Suite 800 W. Tower	West Palm Beach FL. 33401
PSTE			

REINSTATEMENT
9/9-10
QBS

10. E-mail Address: RichardJSullivan@AOL.com
(To be used for future annual report notification)

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. I further certify, 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: Richard J. Sullivan 7-06-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #