

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2005 OCT 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # F57323

1. Corporation Name

CHIAVATTI DEVELOPMENTS, INC.

2. Principal Office Address

2650 TAMPA ROAD

Suite, Apt. #, etc.

UNIT B

City & State

PALEMBOR, FL

Zip

34684

Country

U.S.A.

3. Mailing Office Address

265 TAMPA ROAD

Suite, Apt. #, etc.

UNIT B

City & State

PALEMBOR, FL

Zip

34684

Country

U.S.A.

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida12/07/81

5. FEI Number

592148717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARL H. TILLEY

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

436 COUNTRY CLUB ROAD

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33756

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 AgentC. H. Tilley

REGISTERED AGENT MUST SIGN

Date

10-19-05

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>DU</u>	<u>CARL H. TILLEY</u>	<u>436 COUNTRY CLUB ROAD</u>	<u>CLEARWATER, FL, 33756</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:

C. H. Tilley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-05Daytime Phone # 127-423-6520

10/25/05