## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

## Kullierine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

02 SEP 12 PM 12: 34

SECRETARY OF STATE

DOCUMENT # F 96000005327											TALLAHASSEE, FLORIDA						
1. Corpor	ation Name	, <i>C</i>	ont	LACT	ING	Inc	<u>.</u> .							,			
										ī	'00C	# <b> </b>	822 /02	261	7	-5	
2. Principal Office Address 3. Mailing 3348 FountAin IAKES BIVD 22348						Office Address									∠002 **450.		
<u> </u>	<u>∦, <i>∤о</i>ил†⁄</u> #, etc.	AKes_	DWO	<i>ا \$34)</i> ا Suite, Apt. #,		n IA	ilva										
	Te 101				SuiTe	101		4. Date Incorporated or Qualified To Do Business in Florida  70 – 74 – 96									
City & State					City & State			5. FEI Num				<u> </u>	Applied				
ESTEYS FL. Zip Country				· -	Zip Country					38-3/2/477 Not Applicable							
339	138	LE	•		339a	8	1	E S .		6. CERTIFICA	TE OF STATU	S DESIRE	D □ \$8		itional Fee tificate of S		
•				NOTE TO MAKE BY	7. 1	Name and A	ddress o	f Current	Registered	l Agent	in the same of the state of	in weather with	ne en est				
	Name Michelle CAtaldo Street Address (P.O. Box Number, is Not Acceptable) 23348 FOUNTAIN LAKES BIVD Suite, Apt. #. Etc.																
	city Estero									State Zip Code FL 33928							
3. I, being Signature o Registered	appointed the	register	/ .	lle	named corp	ald	(h)	th and acc	ept the obl	igations of se		505 or 61	,				
. Names	and Street Ad	dresses	of Each O	fficer and/o	r Director (Fl	orida nonpro	ofit corpor	ations mus	t list at lea	st 3 directors)	)			NATIONAL CHEST PARTY	ma a cameran		
Titles	Name of Manue of Officers and/or Directors							et Address cer and/or		C			City / St	ty / State / Zip			
PRES.	Michelle CAtaldo					2348 Fountain lake				Blvd	Este	ero, l	FL_	339	128		
Pign	RIChA	Rd	CAt	4 ldo		22348	Foun	HAIN	lakes	BIID	Est	evo,	FL	33	928		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Management Lows recently notified by my risurance agent that Eastern Contracting The was placed in, inacture status, Lant recall receiving any UBR farms or correspondence of activity. I researched records which shows the last filing date was 1999" also I neticed that our aldress had changed in 1999, from 3110 Seasons Way # 210 Estero F.I., to our present location. Perhops this address changed signified. the company was inactive status. Isa hen of these circumstances In asking to be reinstated and hopefully you could wine any additioned charges or fees. My last filling Change was \$150.00, so Line Inclused payment for 3 geors 2000, 2001 + 2002 for the amount of \$ 450.00. You correideration in this matter would

be greatly appreciated

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