

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 31 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F97000006341

1. Corporation Name

CHANCELLOR OF CLEARWATER, INC.

2. Principal Office Address

120 WELLS AVENUE

Suite, Apt. #, etc.

City & State

NEWTON, MASSACHUSETTS

Zip

02459

Country

USA

3. Mailing Office Address

120 WELLS AVENUE

Suite, Apt. #, etc.

City & State

NEWTON, MASSACHUSETTS

Zip

02459

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/02/97

5. FEI Number

043399280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

CORPDIRECT AGENTS, INC.

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

103 N. MERIDIAN STREET, LOWER LEVEL

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32303

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

BY: *Cynthia A. Hicks*

Cynthia A. Hicks

REGISTERED AGENT MUST SIGN

Date

10-31-02

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
PDST	JOSEPH J. LUZINSKI	200 S. BISCAYNE BLVD., 9th FLOOR	MIAMI, FLORIDA 33131

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

CR2E081 (9/01)

7/ 10/31/02