PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET~ ~~

FILED
Oct 30, 2002 8:00 A
Secretary of State

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006342

1. Corporation Name

CHANCELLOR OF ALTAMONTE SPRINGS, INC.

REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
120 WELLS AVENUE	120 WELLS AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
NEWTON, MASSACHUSETTS	NEWTON, MASSACHUSETTS

Zip	Country	Zip	Country
02459	USA	02459	USA

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

5. FEI Number
043399304

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

CORPDIRECT AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
103 N. MERIDIAN STREET, LOWER LEVEL

400008803994
11/05/02--01047--004 **756.75

Suite, Apt. #, Etc.

City	State	Zip Code
TALLAHASSEE	FL	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.

CORPDIRECT AGENTS, INC.

Signature of Registered Agent BY: *Cynthia A Hicks*

Cynthia A. Hicks   REGISTERED AGENT MUST SIGN

Date 10-31-02

CR2E081 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

Date   Daytime Phone #