

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

02 AUG 22 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

F98000006283

The H. Chambers Company

700007673207--5
-09/12/02--01001--009
****300.00 ****300.00

2. Principal Office Address

1010 N CHARLES ST

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Baltimore MD

City & State

Zip

Country

Zip

Country

21201

4. Date Incorporated or Qualified
To Do Business in Florida

0002 JHM
7-1-90

5. FEI Number

52-1681499

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of
Registered Agent

Jennifer A. Schwartz
REGISTERED AGENT MUST SIGN

Jennifer A. Schwartz

Assistant Vice President

Date

8-19-02

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
Pres	Robert Hickman	1010 N CHARLES ST	BALTO MD 21201
V.Pres	Richard Snelling	1010 N CHARLES ST	BALTO MD 21201

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****750.00 ****750.00

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 61 T, 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:

Richard Snelling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

410-727-4535

Daytime Phone #