

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 3: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F98000006283**

1. Corporation Name

**THE H. CHAMBERS COMPANY**

Principal Place of Business

Mailing Address

1010 NORTH CHARLES ST.  
BALTIMORE MD 21201

1010 NORTH CHARLES ST.  
BALTIMORE MD 21201



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/16/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-1681499

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HICKMAN, ROBERT	1010 NORTH CHARLES ST.	BALTIMORE MD 21201
VP	SNELLINGER, RICHARD	1010 NORTH CHARLES ST.	BALTIMORE MD 21201

600025069176  
11/26/03--01029--025 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*Connie Bryan*

**CONNIE BRYAN**  
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/17/2003

11. 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:

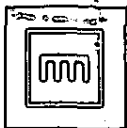
*Glenda E. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



ARCHITECTURE  
INTERIOR DESIGN  
PLANNING  
PURCHASING

CHAMBERS  
1010 NORTH CHARLES STREET  
BALTIMORE, MARYLAND 21201 USA

410.727.4535  
FAX 410.727.6982

October 29, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, FL 32314-6327

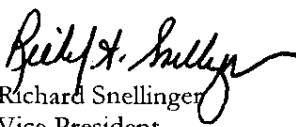
RE: Document #F98000006283

Gentlemen,

Enclosed please our Application for Reinstatement along with our check. Unfortunately, we never received our 2003 Annual Report. We are, therefore, asking that all late fees and reinstatement fees be abated.

Thank you for your cooperation.

Regards,  
Chambers

  
Richard Snellinger  
Vice President

Encl.

RECEIVED  
03 NOV 17 PM 2:32  
DIVISION OF CORPORATION