

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY 24 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Chapman Freeborn America Inc.  
F99000003003

**2. Principal Office Address**

3420 Norman Berry Drive

Suite, Apt. #, etc.

150

**3. Mailing Office Address**

3420 Norman Berry Drive

Suite, Apt. #, etc.

150

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30354

Country

USA

Zip

30354

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02-16-1995

**5. FEI Number**

58-2181052

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

Harald Steiner

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

5500 NW 21st Terrace

Suite, Apt. #, Etc.

Hangar 5 - Fort Lauderdale Executive Airport

City

Fort Lauderdale

State

FL

Zip Code

33309

400055989394

06/10/05--01002--016 \*\*458 75

**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

Date 05-20-2005

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| V      | Harald Steiner                       | 4721 NE 13th Avenue                               | Oakland Park, FL: 33334 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

**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:**

Harald Steiner / VP

05-20-2005

404-936 2723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)