

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J16680		99 APR -2 AM 10:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name A CHATT AWAY CHATTAHOOCHEE SERVICES, INC.			
Principal Place of Business 10026 SPANISH ISLES BLVD #B7 BOCA RATON FL 33498		Mailing Address 10026 SPANISH ISLES BLVD #B7 BOCA RATON FL 33498	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 9450 LISTON TERR. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State Boynton Bch, FL		City & State	
Zip 33437		Country PALM Bch	
4. Date Incorporated or Qualified To Do Business in Florida 05/27/1986		5. FEI Number 59-2619390	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	BOWSER, ROGER E.	11763 VENETIAN AVE.	BOCA RATON FL
VS	BOWSER, SHERRY L.	11763 VENETIAN AVE.	BOCA RATON FL
TD	BOWSER, SHERRY L.	11763 VENETIAN AVE.	BOCA RATON FL
600002832356-0 -04/07/99-01079-020 ****300.00 ****300.00			
8. Name and Address of Current Registered Agent BOWSER, ROGER E. 11763 VENETIAN AVE. BOCA RATON FL 33428		9. Name and Address of New Registered Agent Name Roger E. Bowser Street Address (P.O. Box Number is Not Acceptable) 9450 LISTON TERR. Suite, Apt. #, Etc. City Boynton Bch, FL State FL Zip Code 33437	
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. Signature of Registered Agent Date 3-29-99			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: Sherry L. Bowser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-29-99 301-483-5098 Daytime Phone #			