

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N0000000 6713**

1. Corporation Name

**Chargin House Inc.**

**W09 — 21867**

2. Principal Office Address - No P.O. Box #

**4488 Banneka St.**

Suite, Apt. #, etc.

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

**Orlando, Fl.**

City & State

**Same**

Zip

**32811**

Country

**US**

Zip

**same**

Country

**US**

7. Name and Address of Current Registered Agent

Name

**Clarence L. Kelly**

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

**4488 Banneka St.**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32811**

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

*Clarence L. Kelly*

REGISTERED AGENT MUST SIGN

Date

**4-30-09**

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
CEO	Clarence L. Kelly	4488 Banneka St	Orl. Fl. 32811
EXD	Virginia Kelly	4488 Banneka St.	Orl. Fl. 32811
MEM	Nadindra Exalien	5318 Aeolus Way	Orl. Fl. 32808
MEM	Timothy Jones	4816 Miranda Cir.	Orl Fl. 32818
MEM	Edward Tharp	431 Short Pine Cir.	Orl. Fl. 32808
MEM	Rosalina Murvin	2400 Harrell Dr.	Orl. Fl. 32806

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 contained in Chapter 119, 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

*Clarence L. Kelly*

Date

**4-30-09**

Daytime Phone #

FILED

09 JUN 12 AM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600155468276

05/05/09--01042--008 \*\*175.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

**10-10-2000**

5. FEI Number

**693678495**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

600155468276

06/19/09--01021--001 \*\*183.75