


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

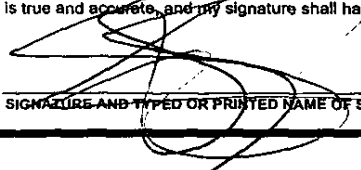
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N02000006908</b>			
<b>1. Corporation Name</b> The Chops City Ball, Inc.			
<b>2. Principal Office Address</b> 837 5th Avenue South Suite, Apt. #, etc. Suite 100 City & State Naples, Florida Zip 34102 Country USA		<b>3. Mailing Office Address</b> 837 5th Avenue South Suite, Apt. #, etc. Suite 100 City & State Naples, Florida Zip 34102 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 9/09/02	
<b>5. FEI Number</b> 13-4223197	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Gregory G. Quillen	
Street Address (P.O. Box Number is Not Acceptable) 837 5th Avenue South 400023866194 Suite, Apt. #, Etc. Suite 100 10/16/03--01092--030 ***150.00	
City Naples	State FL Zip Code 34102

<b>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.</b>	
Signature of Registered Agent 	Date 10/1/03
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gregory G. Quillen	837 5th Avenue South, Suite 100	Naples, Florida 34102
D	Holly Stark	8200 Health Park Center, Suite 100	Bonita Springs, Florida 34135
D	Sally Maitland	3431 Bonita Beach Road	Bonita Springs, Florida 34135

<b>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.</b>			
<b>SIGNATURE:</b> 	Gregory G. Quillen, Director	10/1/03	(239) 262-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

g1010

Gregory G. Quillen, Director  
The Chops City Ball, Inc.  
837 5th Avenue South, Suite 100  
Naples, Florida 34102

Via Certified Mail  
Return Receipt Requested  
(Article Number 7002 0460 0003 1807 3319)

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *The Chops City Ball, Inc.*  
*Corporation Reinstatement*  
*Document Number P02000006908*

To Whom It May Concern:

I am a Director of The Chops City Ball, Inc., a Florida corporation (the "Corporation"). The Corporation was administratively dissolved on September 19, 2003 for failure to file its 2003 Uniform Business Report ("UBR").

Please be advised that the Corporation never received any notice with respect to the UBR. As such, a representative of your office instructed me to send the enclosed Corporation Reinstatement along with only the original filing fee in the amount of \$150.00. Please file the Corporation Reinstatement.

I appreciate your assistance in this matter. If you have any questions, please feel free to give me a call at (239) 262-4677.

Sincerely,

THE CHOPS CITY BALL, INC.

By: 

Gregory G. Quillen, Director

Enclosures