

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000003917

1. Corporation Name

CHILDREN OF CHAOS, INC.

Principal Place of Business

Mailing Address

238 SEAVIEW ST.
MELBOURNE BEACH FL 32951

238 SEAVIEW ST.
MELBOURNE BEACH FL 32951

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.
9116 Bay Pointe Cir
City & State
West Palm Beach, FL
Zip
33411
Country
USA

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
720 S. Sapodilla Ave
City & State
West Palm Beach, FL
Zip
33401
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1999

5. FEI Number

59-3590237

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BATTAGLIA, JOHN	238 SEAVIEW ST. 9116 Bay Pointe Cir West Palm Bch, FL 33411	BOURNE BEACH FL 32951
D	BATTAGLIA, KATHLEEN	238 SEAVIEW ST. 9116 Bay Pointe Cir West Palm Bch, FL 33411	951
D	ROSSI, STEPHEN	1800 HIBISCUS BLVD., #134	MELBOURNE FL 32901
			000004721230--3 -12/12/01--01079--017 ****236.25 ****236.25
			000004721230--3 -12/12/01--01079--017 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BATTAGLIA, JOHN
238 SEAVIEW ST.
MELBOURNE BEACH FL 32951

Name
John Battaglia
Street Address (P.O. Box Number is Not Acceptable)
9116 Bay Pointe Circle
Suite, Apt. #, Etc.
City
West Palm Beach
State
FL
Zip Code
33411

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

REGISTERED AGENT MUST SIGN

Date 11-20-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-20-01 561-805-9327