

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000022243 1. Entity Name CHATMAN ENTERPRISES, INC.					
Principal Place of Business 53 W. VINE STREET KISSIMMEE, FL			Mailing Address 53 W. VINE STREET KISSIMMEE, FL		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			
4. FEI Number 59-3631110				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHATMAN, LIVINGSTON 3513 ST. KITTS CT., APT. 2204 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name LIVINGSTON CHATMAN Street Address (P.O. Box Number is Not Acceptable) 53 W VINE STREET City KISSIMMEE FL Zip Code 34744		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Livingston Chatman</i> LIVINGSTON CHATMAN DATE 9-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATMAN, LIVINGSTON 3513 ST. KITTS CT., APT. 2204 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060821092 10/20/05--01044--008 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Livingston Chatman</i> LIVINGSTON CHATMAN			DATE 9-20-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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REINSTATEMENT



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407-443-9278