2005 FOR PROFIT CORPORATION REINSTATEMENT

	.=	KEINSIA	AI EMILM!	·		1			
DOCUMENT # P0000022243 1. Entity Name CHATMAN ENTERPRISES, INC.								FILED	<i>/</i> ··
Principal Plac	e of Business	:	Mailing Address			1			41
53 W. VINE STREET 53			53 W. VINE STREET				STATEN	TAIT OU	105
			KISSIMMEE, FL		1	わだねにく	TARHW		
NISSIMMILL,			NOONWILL, I C		9	RENA.			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09212005 REIN-P CR2E098 (6/04)			
City & State			City & State			4. FEI Number Applied For 59-3631110 Not Applieable			
Zip	Zip Country		Zip	Coun	try	5. Certificate	of Status Desired	S8.75 Add Fee Required	
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent	
						CT0.44	0 11		1
CHATMAN, LIVINGSTON					LIVINGSTON CHATMAN				
3513 ST- KITTS CT.,APT 2204					Street Address ((P.O. Box Numb	er is Not Acceptable)		1
KISSIMMEE, FL 34741					-5 5 W	-VINE	31168 E1-		
					City Kissi	MMEE		FL ZZ	744
			or the purpose of changing it	s register	ed office or register	red agent, or bo	oth, in the State of Florid	la. I am familiar with,	and accept
the obligat	tions of regist	ered agent.	01-						ļ
		Visita Ita	Letra	Living	STON CHAS	MAN	9-	20 <i>-05</i>	
SIGNATURE.	Simute tred	or printed name of registered agen	end tele if annicable (MC		ed Agent signature requi		\	DATE	
	Jog saldre, typed	or prince repeating agent	and the a upproteins.				,		
	. _						i		
		FEE 18 \$150.00						h s. 607.193(2)(b), It receive the prior r	
After Jer	nuary 1, 20	06, Fee will be \$300.					corporation do no	r receive trie prior i	JOHCO.
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTORS	S (N 11
TITLE	PD	0,1,102,10,110		TID.	. 1			[] Change	Addition
	1 -	I I NAMOCETONI	☐ Delete	NAM		·5•			
NAME		N, LIVINGSTON				10 750	DOOGO8; 1/0501044-		00
STREET ADDRESS 3513 ST. KITTS CT., APT.2204					ET ADORESS	10/20	N 0001044-	~~~~	.00
CITY-ST-ZIP	KISSIMMI	EE, FL 34741		UNY	-ST-ZIP				
TITLE			☐ Delete	Ħħ	:			☐ Change	Addition
NAME	İ			NAM	E				
STREET ADDRESS	J			STRE	ET ADDRESS				J
CITY-ST-ZIP				СПҮ	-ST-ZIP				
TITLE			☐ Delete	TITL	:			Change	Addition
NAME	l		La Delete	NAM				Change	C) AGENTAL
					ET ADDRESS				1
STREET ADORESS CITY-ST-ZIP					-ST-ZIP				1
UIT-SI-ZIP	<u> </u>				-31-ZF				
TITLE		_	☐ Delete	: 111L				☐ Change	Addition
NAME	1			- NAM	_			~	
STREET ADDRESS	1			•	ET ADDRESS				ľ
CITY-SI-ZIP	<u> </u>			CHY	-ST-ZIP				
TITLE		-	Delete	TITL	[Change	Addition
NAME				NAM	E				1
STREET ADDRESS				STRE	ET ADDRESS]
CITY-ST-ZIP	<u> </u>			CITY	-ST-ZIP				
TITLE			☐ Delete	TITL				☐ Change	Addition
NAME	1			NAM	E			• •	ſ
STREET ADDRESS				STRE	ET ADDRESS				1
CITY-ST-ZIP					-ST-ZIP				1
	annif the state	o information according to	h this filing does and access to			notion 110 07/01	6) Clorida Crassas III	ethor postification .	formetics
12. Thereby indicated	certify that the	e information supplied wit it of supplemental report	h this filing does not qualify f is true and accurate and that	ur (ne exe : my siona	mption stated in Se ture shall have the	ection 119.07(3) same legal effe	(I), rionda Statutes. I fu ct as if made under oat	ruier certify that the ir h; that I am an officer	or director
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 cath; 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 changed, or on an attachment with an address, with all other like empowered.									
ı changed									
_				d.			_	. 4.5	
_		Livity ty			Ton CHATA	1 A V	9-20	9-05	