


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # P00000043978

03 APR -7 PM 12:26

1. Corporation Name
CHACON ARIAS INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 5328 LONESOME DOVE 5328 LONESOME DOVE
 KISSIMMEE FL 34746 KISSIMMEE FL 34746



800014411488
 03/20/03--01053--003 **150.00

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 2605 South Orange Ave. 2605 S. Orange Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **05/01/2000**

City & State City & State
 Orlando, FL Orlando, FL
 Zip Country Zip Country
 32806 U.S.A 32806 U.S.A

5. FEI Number **59-3644104** 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
PD	CHACON, EVELIO	5328 LONESOME DOVE	KISSIMMEE FL 34746
VPD	ARIAS, ANABEIBA	5328 LONESOME DOVE	KISSIMMEE FL 34746
TD	CHACON, ANA MILENA	5328 LONESOME DOVE	KISSIMMEE FL 34746
SD	CHACON, LILIANA MARIA	5328 LONESOME DOVE	KISSIMMEE FL 34746

800014411488
 04/07/03--01002--023 **150.00

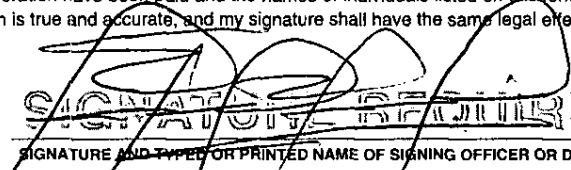
8. Name and Address of Current Registered Agent
CHACON, EVELIO
 5328 LONESOME DOVE
 KISSIMMEE FL 34746

9. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent  **SIGNATURE REQUIRED** Date **03/18/03**
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date **03/18/03**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2040 (8/02)

March 19, 2003

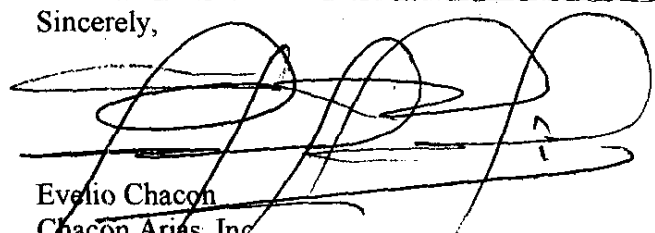
Department of State
Division of Corporations
Reinstatement Section
Tallahassee

This letter is to notify the Department of State and its Division of Corporations, Reinstatement Section that we have not received prior notices of the failure to file the 2002 Corporation Annual Report/Uniform Business Report and therefore we have been administratively dissolved. Please understand that this failure has not been negligence from us but a terrible misunderstanding.

Annexed are the application for reinstatement and the check for \$150.00 dollars required to complete and reinstate our company.

We will appreciate your help in this matter since affects our truly desire to keep doing business in the State of Florida.

Sincerely,



Evelio Chacon
Chacon Arjas, Inc.
President