

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107681

1. Corporation Name

CHEGAY CORP

2. Principal Office Address

1180 E. Hallandale Bch Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Ste #C

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Zip

33009

Country

USA

Zip

Country

700030025927  
03/08/04--01050--017 \*\*150.00

700030025927  
03/08/04--01050--016 \*\*150.00

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida 11/17/00

5. FEI Number

65-1064218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Alberto Peisach

Street Address (P.O. Box Number is Not Acceptable)

1180 E. Hallandale Beach Blvd

Suite, Apt. #, Etc.

Ste #C

City

Hallandale

State

FL

Zip Code

33009

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.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alberto Peisach	1180 E. Hallandale Beach Blvd	Hallandale, FL 33009
VP	Cheryl Peisach	1180 E. Hallandale Beach Blvd	Hallandale, FL 33009
S	Gay Peisach	1180 E. Hallandale Beach Blvd	Hallandale, FL 33009

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2052

**CHEGAY CORP**  
**1180 E. HALLANDALE BEACH BOULEVARD SUITE C**  
**HALLANDALE, FL 33009**

January 28, 2004

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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Re: Corporation Reinstatement

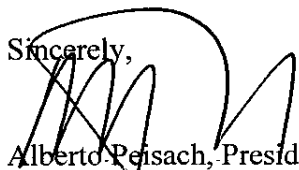
Dear Sir or Madam:

Enclosed please find a check in the amount of \$150 to and an application to reinstate  
Chegay Corp.

We did not receive the annual Uniform Business Report last year. We moved our location  
in 2002 to 1180 East Hallandale Beach Boulevard . The form was sent to an old address  
and was not forwarded.

We apologize for any inconvenience. The situation was beyond our control. Please abate  
the late filing penalties.

Sincerely,



Alberto Reisach, President

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Enclosures  
AP:ghg