

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 NOV 21 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026858

1. Corporation Name

CHAMELEON WEB CREATIONS, INC.

Principal Place of Business

Mailing Address

14825 SW 147 COURT  
MIAMI FL 33196

14825 SW 147 COURT  
MIAMI FL 33196



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

4. Date Incorporated or Qualified To Do Business in Florida

03/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1119463

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75-Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	SERIG, MARIA C	14825 SW 147 COURT	MIAMI FL 33196

000008645040  
10/29/02--01038--026 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SERIG, MARIA C  
14825 SW 147 COURT  
MIAMI FL 33196

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

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:

*S. Maria C. Serig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

786-402-2479

Daytime Phone #

CR2E040 (8/02)

PS 2 of 2

October 25, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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*RE: Chameleon Web Creations, Inc  
Document #P01000026858  
2002 Uniform Business Report*

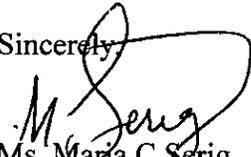
Gentlemen:

Enclosed find our 2002 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtedly had not received prior to now.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

  
Ms. Maria C Serig  
Director