

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1052

APPLICATION

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

14825 SW 147 COURT
MIAMI FL 33196

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2001

5. FEI Number

65-1119463

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

SERIG, MARIA C
14825 SW 147 COURT
MIAMI FL 33196

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

786-402-2479

CR2E040 (8/02)

PS 2 of 2

October 25, 2002

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

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

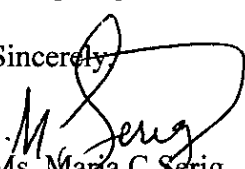
Gentlemen:

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