PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith FOR. FILED cretary of State REINSTATEMENT ISION OF CORPORATIONS 02 NOV -4 PM 6: 17 P01000055532 DOCUMENT # 1. Corporation Name SECRE, ANY OF STATE TALLAHASSEE. FLORIDA POPE CHART COMPANY Principal Place of Business Mailing Address THOS: NO 11TH OT. 140A NW 11TH 9T. BOOM RATON-FL-00432 BOOK RATON FL 33402 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 Date Incorporated or Qualified
To Do Business in Florida E. Atlantic <u>BO. Box</u> 05/29/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Not Applicable Beach Delvoy \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director 2000 So. Ocean Vincent Cacace BIVA. #6K 420 NE 36 Don Cacace 10239. N. Chatheld A Cindy Mac Donald Richard Cacace Haw thorn Rd 18 Marblehead. MA 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CACACE, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 420 NE 36 St. 1404 NW 11TH ST. **BOCA RATON FL-89492** Boca Raton, FC 700008780517 Suite, Apt. #, Etc. 3343/ 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 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

10/29/02 561-276-1177

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

## Pope Chart Company

P.O. Box 2136 Delray Beach, FL 33447 (561) 276-1177

October 29, 2002

Florida Department of State Division of Corporations Annual Report/ Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Re: Reinstatement of Pope Chart Company

To whom it may concern;

Enclosed please find my application to reinstate my corporation and a check in the amount of \$150.

I did not receive the two prior Uniform business Reports. I moved my company at the end of 2001.

I respectfully request that you accept this payment and reinstate my corporation.

My new physical address is 135 East Atlantic Avenue, Delray Beach, FL 33444.

My new mailing address is: Pope Chart Company, P.O. Box 2136, Delray Beach, FL 33447

Sincerely,

Vincent J. Cacace, Director