

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 13 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P.01000072707

1. Corporation Name

CHABLIS INTERNATIONAL, INC.

REINSTATEMENT 02-04

2. Principal Office Address

5401 Collins Ave

3. Mailing Office Address

95 Jacob Preter

Suite, Apt. #, etc.

#1208

Suite, Apt. #, etc.

1659-43rd St Brooklyn

City & State

MIAMI BEACH FL

City & State

NEW YORK

Zip

33140

Country

USA

Zip

11204

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/01

5. FEI Number

65-1123738

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

Jack Weisel

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

5401 Collins Avenue #1208

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/3/04

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
DPTS	Jack Weisel	5401 Collins Ave #1208	MIAMI BEACH FL 33140

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/04 385-864-7769

Daytime Phone #

CR2E081 (01/04)