

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 NOV 16 AM 11:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P01000085509

1. Corporation Name

CHANDON CORP.

2. Principal Office Address

132 Minorca Avenue

3. Mailing Office Address

132 Minorca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

Dade

Zip

33134

Country

Dade

4. Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number

65-1156248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
 for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

HECTOR ISSAC NEMIROVSKY

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

132 MINORCA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
 Registered Agent

Hector Nemirovsky
 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
D	HECTOR ISAAC NEMIROVSKY	132 MINORCA AVENUE	CORAL GABLES, FL 33134
D	ALICIA MABEL LAPIDUS	132 MINORCA AVENUE	CORAL GABLES, FL 33134

10/14/04

330842735913
 11/16/04--01053--015 **450.00

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)(f), 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:

Hector Nemirovsky
 HECTOR NEMIROVSKY

October 1st 2004

Date

Daytime Phone #

CR2004 (01/04)

CHANDON CORP.

**132 Minorca Avenue
Coral Gables, FL 33134**

November 11, 2004

Department of State
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Dear Representative:

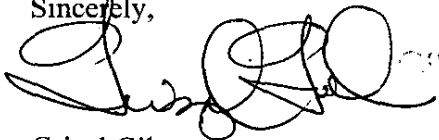
Enclosed please find a Corporate Reinstatement application for Chandon Corp. for processing. We have also enclosed a check in the amount of \$450.00 to cover the filing fee for the years 2002, 2003 and 2004. We respectfully request the waiver of the late filing penalty due to the fact that the request for payment for the Uniform Business Report were not received.

Please adjust your records accordingly to reflect the new mailing and business address for Chandon Corp as:

Chandon Corp.
132 Minorca Avenue
Coral Gables, FL 33134

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Grizel Gil at 305 441-1012. ext 235.

Sincerely,



Grizel Gil