PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR " REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

CHARVO, INC.

Principal Place of Business

Mailing Address

1661 OAK SPRING DR. TARPON SPRINGS FL 34689 1661 OAK SPRING DR. TARPON SPRINGS FL 34689 SECRETARY OF STATE DIVISION OF CORPORATIONS

03 NOV 21 AM 8: 00

REINSTATEMENT



If above a	addresses are incorrect in any way, line th	rough incorrect in	nformation a	nd enter correction below.			
	incipal Office Address, If Applicable			ldress, If Applicable	Date Incorp To Do Busin	orated or Qualified ness in Florida -	14/2001
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5. FEI Numbe		Applied For
City & Stat	9	City & State		·	1	59-3744056	Not Applicable
Zip .~ -	Country=	Zip		Country	6.	\$8.7	5 Additional Fee required
				Couring	CERTIFICATI		or a Certificate of Status
7. Names	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporations must list at le	ast 3 directors)		
Title(s) 1	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City / Sta	ate / Zip
D	PRICE, THOMAS C		1661 OAI	K SPRING DR.		TARPON SPRINGS FL 34	689
D	PRICE, CATHERINE B		1661 OAI	K SPRING DR.		TARPON SPRINGS FL 34	689
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	8. Name and Address of Current	Pagistared Ans	l l		Q Name and	Address of New Registered A	Agent
	o. Haine and Address of Carren	r riegijsteren Age	, .	Name	5. Name and 1	Rudigas Oi, New Hegistered A	igent .
WOLLI	NKA, DAVID J			0	D O D N 6	* •	
	JS HWY. 19			Street Address (P.O. Box Number	is Not Acceptable)	
HOLID	AY-FL-34690=)		
				City		State FL	Zip Code
10. I, being	g appointed the registered agent of the ab	ove named corpo	oration, am fa	amiliar with and accept the c	obligations of Secti	ion 607.0505, F.S. or 617.0505	5, F.S.
Signature o Registered	Agent	EGISTERED AG	ENT MUST	SIGN		Date 10 28	03
	that I am an officer or director as the same	inor or tenator ==		avenute this application	nuncial and facility at the		andife that when fills-

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:

homas of Price 1/1/03 127-243-7541

CHARVO, INC.

1661 Oak Springs Dr. Tarpon Springs, FL 34689 Phone: (727) 942-9755

October 23, 2003

Florida Department of State Division of Corporations Po Box 6327 Tallahassee, FL 32314-6327

2003 UBR

Dear Customer Relations;

Please reinstate my corporate registration with the State of Florida, document #P01000090438. I did not receive the mailing of the renewal earlier in the year. I have enclosed \$150.00 filing fee for 2003.

Sincerely

Thomas C. Price

Director