

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000088441**

1. Corporation Name

CHANDLER MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

779 E. MERRITT ISLAND CSWY.. #497
MERRITT ISLAND FL 32952

779 E. MERRITT ISLAND CSWY.. #497
MERRITT ISLAND FL 32952

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/14/2002

5. FEI Number

13-4264572

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Jacqueline Daigle	8570 Commerce St. #232 <i>Cape Canaveral FL 32920</i>	Cape Canaveral, FL 32920
V. President	Ryan Daigle	8570 Commerce St. #232	Cape Canaveral, FL 32920

REINSTATEMENT 03-04

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GILLAM, PATRICIA
779 E. MERRITT ISLAND CSWY., #497
MERRITT ISLAND FL 32952

Name
Jacqueline Daigle
Street Address (P.O. Box Number is Not Acceptable)
779 E. Merritt Island CSWY #497
Suite, Apt. #, Etc.
City
Merritt Island State **FL** Zip Code *32952*

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 *Jacqueline Daigle*
REGISTERED AGENT MUST SIGN

Date *01-26-2004*

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: *Jacqueline Daigle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *01-26-2004*
Daytime Phone # *777-7772*

FILED
04 FEB -9 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1/13/03 90060 039 150.00

000028414010
02/09/04--01055--025 **150.00

CR2E040 (7/03)

January 26, 2004

Please Reinstate Chandler Mortgage Corporation and waive penalties. We did not receive the required paperwork in the mail.

Enclosed is the reinstatement form, along with the filing fee of \$150.00.

Thank you for your assistance.

Sincerely,



Jacqueline Daigle
President

321-777-7772 Phone

321-799-1030 Fax