

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 AUG -9 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000026285**

1. Corporation Name

CHARIS K. DEVELOPMENT INC.

2. Principal Office Address

20702 Highway 331 N

Suite, Apt. #, etc.

NONE

City & State

PAXTON FL.

Zip

32538

Country

WALTON

3. Mailing Office Address

PO BOX 452

Suite, Apt. #, etc.

NONE

City & State

PAXTON FL.

Zip

32538

Country

WALTON

REINSTATEMENT 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 5TH 2003

5. FEI Number

75-3104892

☐ 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

MICHAEL KORLESKI

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

20702 US Hwy 331 NORTH -

Suite, Apt. #, Etc.

NONE

City

PAXTON

State

FL

Zip Code

32538

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 **7-21-06**

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
PRESIDENT	TIMOTHY A. ELLEBRACHT	3002 LAKEVIEW PARK	ST. LOUIS, MO 63129
VICE PRESIDENT	MICHAEL KORLESKI	PO BOX 452	PAXTON FL 32538
TREASURER	JASON MERTON	20 SAYBROOK RD	SIMPSONVILLE SC 29681
SECRETARY	CYNTHIA KORLESKI	PO BOX 452	PAXTON FL 32538
			900078734009 08/15/06--01051--014 **450.00
			900078734009 08/15/06--01051--015 **8.75

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 contained in Chapter 119, 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: **MICHAEL KORLESKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-06 **8508345770**
Date Daytime Phone #

8/11/06

P5 2082

July 26, 2006

Chris K Development, Inc.
20702 U.S. Hwy. 331, North
Paxton, Fl. 32538

Divison Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

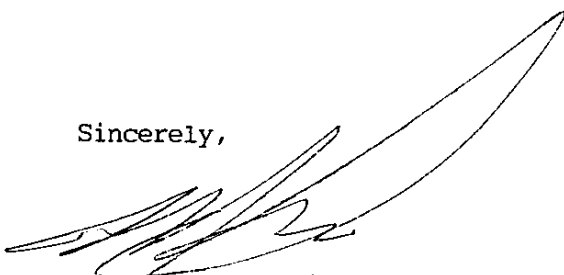
Re: Corporation reinstatement
#Po3000026285

To whom it may concern:

Did not receive any notices due to the hurricane of 2004.
Please wave all late fees due to these unfortunate circumstances
during that time. Please reinstate Chris K Development, Inc.

Inclosed are the reinstatement document, also a reinstatement check
for \$450.00 (Four Hundred and fifty Dollars). And a check for \$8.75
(Eight Dollars and seventy-five) for a certified of status.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Korleski', with a long, sweeping flourish extending upwards and to the right.

Michael Korleski
Registered Agent