

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 11 AM 10:52

REINSTATEMENT 04-05



08102005 REIN-P CR2E098 (6/04)

DOCUMENT # P03000144419 1. Entity Name CHAPMAN BROTHERS INVESTMENTS, INC.																																
Principal Place of Business 2400 FIRST ST SUITE 210 FT MYERS, FL 33901			Mailing Address 2400 FIRST ST SUITE 210 FT MYERS, FL 33901																													
2. Principal Place of Business 1600 Linhart Avenue Suite, Apt. #, etc.		3. Mailing Address 1600 Linhart Avenue Suite, Apt. #, etc.																														
City & State Fort Myers, FL Zip 33901		City & State Fort Myers, FL Zip 33901		4. FEI Number 51-0490593 Applied For <input type="checkbox"/> Not Applicable																												
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRACE, A D JR 2400 FIRST ST SUITE 210 FT MYERS, FL 33901																												
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																												
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																
FILE NOW!!! FEE IS \$900.00																																
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GRACE, A D JR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2400 FIRST ST SUITE 210</td> <td></td> </tr> <tr> <td></td> <td>FT MYERS, FL 33901</td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	GRACE, A D JR		CITY-ST-ZIP	2400 FIRST ST SUITE 210			FT MYERS, FL 33901		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>S/T/D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Thomas H. Chapman</td> <td></td> </tr> <tr> <td></td> <td>5091 Lexington Blvd.</td> <td></td> </tr> <tr> <td></td> <td>Fort Myers, FL 33919</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	S/T/D		CITY-ST-ZIP	Thomas H. Chapman			5091 Lexington Blvd.			Fort Myers, FL 33919	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																
SIGNATURE: Lawrence B. Chapman President 8-10-05 239-275-9500																																