


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000009171		
1. Entity Name CHIPICHAPE CORP.		

Principal Place of Business 3858 HUNTER ISLE DR. ORLANDO, FL 32837	Mailing Address 3858 HUNTER ISLE DR. ORLANDO, FL 32837
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2. Principal Place of Business 3838 Hunters isle D. Suite, Apt. #, etc.	3. Mailing Address 3838 Hunters isle D. Suite, Apt. #, etc.
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City & State Orlando florida Zip 32837 Country	City & State Orlando florida Zip 32837 Country
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09222005 REIN-P CR2E098 (6/04)

4. FEI Number 593777050	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENITEZ, BOB 3529 S.W. 112 PLACE MIAMI, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600080085036 09/29/05--01062--024 **150.00 City FL Zip Code
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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 <u>Benitez Bob.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>09.22.05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUANO, LUIS F 3858 HUNTER ISLE DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3838 Hunter's isle D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando fl 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUANO, MARIA F 3858 HUNTER ISLE DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3838 Hunter's isle D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Orlando fl 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUANO, CELINO 3858 HUNTER ISLE DR. ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruano Celino <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3838 Hunter's isle D Orlando fl 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>09.22.05</u> (407) 517-9514 <small>Date Daytime Phone #</small>