

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -6 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000039709

1. Corporation Name

CHIEFRESOURCEOFFICER.COM, INC.

2. Principal Office Address - No P.O. Box #

2519 N McMullen Booth Road

Suite, Apt. #, etc.

510-108

City & State

Clearwater Florida

Zip

33761

Country

Pinellas

3. Mailing Office Address

2519 N. McMullen Booth Road

Suite, Apt. #, etc.

510-108

City & State

Clearwater Florida

Zip

33761

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/2004

5. FEI Number
01-0811736

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
Rick W. Sadorf

Street Address (P.O. Box Number is Not Acceptable)
1744 N. Belcher Road

Suite, Apt. #, Etc.
150

City
Clearwater

State Zip Code
FL 33765

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 03/05/2009

REGISTERED AGENT MUST SIGN

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
Pres	Douglas Brown	2519 N McMullen Booth Rd, 510-108	Clearwater, FL 33761
Secr	Scott Wilson	2519 N McMullen Booth Rd. 510-108	Clearwater, FL 33761

REINSTATEMENT

RH

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: Douglas Brown, President

03/05/2009

727-784-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #