PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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I CORFORATION WANTED	DEPARTMENT OF STATE	FILED
	SION OF CORPORATIONS	08 OCT 20 PM 1: 17
DOCUMENT # P 05 000020 370		SEGRETALL OF STATE TALLAHASSEE, FLORIDA
CHRISEN, INC.		
		\$00137066555 10/20/0801024004 **300.00
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4 4 Same		CR2E081 (10/08)
Suite, Apt. #, etc. Suite, Apt. #,	etc.	4.5.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
City & State City & State		4. Date Incorporated or Qualified To Do Business in Florida 2 8 2905
Ormand Beach, FL		5. FEI Number Applied For Not Applicable
32174 Country U.S. A. Zip	Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Regis	tered Agent	
Name Croups Kosasky Dela Mota		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
444 Chelsea Place Suite. Apt. #. Etc.		are certifying the prior notices were not received and requesting the reinstatement
City State Zip Code		fee be waived.
Ormond Beach	FL 32174	
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 /5/10/04
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 Street Address of Each City / State / Zip		
Officers and/or Directors	Officer and/or Director	City / State / Zip
P Crovaskososky Dela Mota	448 Chelsea Plac	e Ormond Beach, FL 32174
KH		
DEINISTATEMENT		
KEINSTATEME	111	
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 filling		
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: CTONOS WOULD De 10 10 04 (386)523-4176 SIGNATURE: SIGNATURE: CTONOS WOULD DE 10 10 04 (386)523-4176 Date Daytime Phone #		