PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN 28 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/11/10--01051--016 **1208.75

CR2E081 (11/09)

DOCUMENT # P05000157051

1. Corporation Name
CHAP-MED, INC.

| 2. Principal Office Address - No P.O. Box # | | 3. Mailing Office Address | |
|---|---|---|---|
| 50 SURFSONG WAY | | 3161 Howell Mill Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| Unit 306B | | Suite 400 | |
| City & State | | City & State | |
| Destin, FL | | Atlanta, GA | |
| Zip | Country | Zip | Country |
| 32550 | USA | 30327 | USA |

4. Date Incorporated or Qualified To Do Business in Florida 11/28/2005

5. FEI Number 20-3688054 ☐ 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
James L. Chappuis

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

Suite, Apt. #, Etc.
Unit 306B

| City | State | Zip Code |
|---|---|---|
| Destin | FL | 32550 |

☐ 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 01/06/2010
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 |
|---|---|---|---|
| CEO/ Owner | James L. Chappuis | 50 Surfsong Way Unit 306B | Destin, FL 32550 |
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REINSTATEMENT RH

10. **E-mail Address:** jlchappuis@aol.com
(To be used for future annual report notification)

11. 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. I further certify 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:** _____ 1/06/2010 404-351-3109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #