PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10 JUN -4 PM 12: 44
DOCUMENT # PO 60. 1. Corporation Name CHRSRY	000 19078 INJESTMENT CHP.	- LAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box# 6300 8th STREET Suite, Apt. #, etc. City & State VENU BEACH FL Zip Country 32968 USA	3. Mailing Office Address 6300 St STREET Suite, Apt. #, etc. City & State VICTO B FACH FL Zip Country 32968 USA	1.00131709431 06/04/10-01024-008 **1058.75 CR2E081 (6/10) 4. Date Incorporated or Qualified To Do Business in Florida 2/6/06 5. FEI Number 26-0767359 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable 6300 8 57 MS Suite, Apt. #, Etc. City VEW BEACH	State Zip Code FL 3ンタくも	REINSTATEMENT
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 C// //S 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 Director	Street Address of Eac Officer and/or Directo	
P/D RYAN C. PETT	ERSON 6300 8th STILL	ET VEND BEACH, FL 32968
		M. MILLIGAN EXAMINER
		JUN 0 4 2010
10. E-mail Address: WLSTREET @ ATT, NET		
(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 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. 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: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		