PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 FEB 13 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000087799

1. Corporation Name: CHRIS SAVAGE, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18 FORSYTHE LN.	18 FORSYTHE LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM COAST FLA.	City & State: PALM COAST FLA.
Zip: 32137 Country: U.S.A.	Zip: 32137 Country: U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 8-3-07

5. FEI Number: 33-1174763 ☐ 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: CHRISTOPNER M. SAVAGE

Street Address (P.O. Box Number is Not Acceptable): 18 FORSYTHE LANE

Suite, Apt. #, Etc.:

City: PALM COAST State: FL Zip Code: 32137

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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: 2-7-12

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
P	CHRISTOPNER M. SAVAGE	18 FORSYTHE LANE	PALM COAST FL, 32137
	S. HAWKES		
	FEB - 2012	REINSTATEMENT	
	EXAMINER	2010-2012	

10. E-mail Address: MICHELLESAVAGE49@YAHOO.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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ CHRISTOPNER M. SAVAGE 2-7-12 3863382094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #