

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # PA3000012450
1. Corporation Name
Chalwood Inc.

2. Principal Office Address
801 WSR 436
Suite, Apt. #, etc. 2203
City & State
Altamonte Springs, FL
Zip 32714 Country Seminole

3. Mailing Office Address
801 WSR 436
Suite, Apt. #, etc. 2203
City & State
Altamonte Springs, FL
Zip 32714 Country Seminole

4. Date incorporated or Qualified To Do Business in Florida 2/18/93
5. FEI Number 59-3162356 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

98.00

7. Name and Address of Current Registered Agent
Name Marlene Underwood
Street Address (P.O. Box Number is Not Acceptable) 321 Woodstead Lane
Suite, Apt. #, Etc.
City Longwood State FL Zip Code 32719

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 Marlene B Underwood Date 01/25/00
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
<u>v Pres</u>	<u>Jane Chalbaud</u>	<u>3133 Dellcrest Place</u>	<u>Lakemary, FL 32746</u>
<u>D</u>	<u>Patriela Novak</u>	<u>4119 Holster Court</u>	<u>Jacksonville, FL 32203</u>
<u>D</u>	<u>Marlene B. Underwood</u>	<u>321 Woodstead Lane</u>	<u>Longwood FL 32719</u>

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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 under section 119.07(3)(l), 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: Marlene B Underwood Date 01/25/00 407.399-2768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

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