

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000052641

1. Corporation Name

CHALEENA, INC.

2. Principal Office Address - No P.O. Box #

2747 Art Museum Drive

Suite, Apt. #, etc.

500

City & State

Jacksonville, Florida

Zip

32207

Country

US

3. Mailing Office Address

2747 Art Museum Drive

Suite, Apt. #, etc.

500

City & State

Jacksonville, Florida

Zip

32207

Country

US

7. Name and Address of Current Registered Agent

Name

Chalmers H. Barnes

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

2747 Art Museum Drive

Suite, Apt. #, Etc.

500

City

Jacksonville

State

FL

Zip Code

32207

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-7-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| PD     | Chalmers H. Barnes                   | 2747 Art Museum Dr, #500                          | Jacksonville, FL 32207 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

10. E-mail Address: chuck 2187 @ bellsouth.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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-7-10

Daytime Phone #

904-396-5181

PAID  
CHK # 5924  
1/12/10 FILED  
10:46 AM 15 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
BARNES

#260  
REINSTATEMENT

07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

July 28, 1993

5. FEI Number

59-3193201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

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