. PLEASE READ	ALL INSTRUC	TIONS BEFORE	COMPLET	ING THIS FOR	M.	
APPLICATION , FOR REINSTATEMENT	ξ,	PARTMENT OF STAT OF COMPORATIONS	E	Exper & U Ucas &.	'n	
DOCUMENT # P95000088492				1777		
1. Corporation Name CHIPSMART, INC.			9	97 DEC -2 PM 2: 62		
CHIFSMANI, INC.				SECIN DAMY OF ST MELAHASSES FLO	IME	
Malling Address	Principal Place of Bus			TEVRA22EC LE	JANDA	
5473 N. University Dr Suite 161 Lauderhill, Fl 33351	Suite 1	University I 61 ill, Fl 33351		er von en mentele in di Lair-	NE OU AA	
If above addresses are incorrect in any way, line through incorrect in 2. New Mailing Address. If Applicable 1844 N. Nob Hill Road Suite, Apt. #, etc.		n and enter correction below. se Address, If Applicable bb Hill Road	To Do Bus	4. Date Incorporated or Qualified To Do Business in Florida 17 Nov. 1995 5. Eff Number		
Cijy & Siale Plantation, Florida	City & State Plantation	n, Florida	65-062		Applied For Not Applicable	
Zip Country	33322	Country		LE OF STATUS DESIRED []	\$8.75 Additional Fee require for a Certificate of Status	
7. Names and Street Addresses of Fach Otheer and/or Director. (Fig. Name of Officers and/or Directors.) 2		Street Address of Fach Officer and/or Director 3 (Do NOT Use Post Office Box N		4	/ State / Zip	
PSTD Cheek, Stephen B.	, 184	4 N. Nob Hil	1 Road	Plantation,	Florida 33322	
				7000029 -12/04/9 ****915	62897 701067-003 .00 ****915.0	
-					bran	
8. Name and Address of Current F		Name	9. Name and	Address of New Registere	ed Agent	
The Law Firm of Lawren CHRTD 343 Almeria Avenue Coral Gables, Fl 3313	Street Address 343 A1 Suite, Apt. #, Fi					
10. L being appointed the registered in and the street Spiegel & Urrera P.A. Spinature of By: Natalia Utrera, Vicent	I named corporation, are in the corporation of the	n familiar with and accept the awyer	Gables obligations of Sect	tion 607.0505, F.S.	L 33134	

Dept. of Revenue under S. 199.032, Florida Statutes. Yes [_] No L 13. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Fre lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatoment 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 raid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

SIGNATURE AND TYPE DO SABOR DINAN OB SIGNATURE:

12. Does this corporation pay any intangible tax to the

(954) 792-7011

(See other side for information on intangible tax.)

(See other side for additional information.)