

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P96000004379

1. Corporation Name
CHRIS' 'TOO', INC.

Principal Place of Business Mailing Address
~~810 E. Gregory Street~~ ~~810 E. Gregory Street~~
~~Pensacola, FL 32501~~ ~~Pensacola, FL 32501~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
362 Gulf Breeze Pkwy
 Suite, Apt. #, etc. **Ste. #172**
 City & State **Gulf Breeze, FL**
 Zip **32561** Country **USA**

3. New Mailing Office Address, If Applicable
362 Gulf Breeze Pkwy
 Suite, Apt. #, etc. **Ste. #172**
 City & State **Gulf Breeze, FL**
 Zip **32561** Country **USA**

FILED
 FEB -8 PM 1:27
 FLORIDA STATE
 SECRETARIAT, FLORIDA

REINSTATEMENT

98-980
 2/18/99

4. Date Incorporated or Qualified To Do Business in Florida **1/11/96**

5. FEI Number **59-3355366**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	TROVASS, C.M.	401 Navarre Street	Gulf Breeze, FL 32561
DVS	SMITH, I.M.	401 Navarre Street	Gulf Breeze, FL 32561

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TROVASS, C.M. 810 E. Gregory Street Pensacola, FL 32501	Name	Trovas, C.M.	
	Street Address (P.O. Box Number is Not Acceptable)	401 Navarre Street	
	Suite, Apt. #, Etc.		
	City	Gulf Breeze	State
		Zip Code	32561

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **2/4/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(i), 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: *[Signature]* 2/4/99 (850) 932-6599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/98)