

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FORM  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000033454**

1. Corporation Name  
**CHASSIS MANAGEMENT SYSTEM, INC.**

Principal Place of Business <b>1015 N. AMERICA WAY #128 MIAMI FL 33132</b>	Mailing Address <b>1015 N. AMERICA WAY #128 MIAMI FL 33132</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida <b>04/17/1996</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0660156</b>
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<b>D, P, S</b>	<b>CUNEO, RICHARD A</b>	<b>1015 N. AMERICA WAY #128</b>	<b>MIAMI FL 33132</b>
			<b>800002521728-4</b> <b>-05/13/98--01055--006</b> <b>****900.00 ****900.00</b>
			<b>REINSTATEMENT</b>

8. Name and Address of Current Registered Agent <b>CUNEO, RICHARD A 1015 N. AMERICA WAY #128 MIAMI FL 33132</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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]* Date: **4/30/98**  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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]* **RICHARD CUNEO** Date: **4/30/98** Daytime Phone #: **305-338-0815**

FILED  
98 MAY -6 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR25040 (8/97)