PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

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

02 JAN 31 PM 12: 44

DOCUMENT # P96000054435

1. Corporation Name

Chierico Enterprises

2. Principal Office Address

915 N.E. 125 St

Suite, Apt. #, etc.

102

City & State

North Miami, FL

Zip
33161

3. Mailing Office Address

9416 Bay Drive

Suite, Apt. #, etc.

City & State

Surfside, FL

Country
Miami Dade

Zip
33154

Country
Miami Dade

REINSTATEMENT ® 99-02

4. Date Incorporated or Qualified To Do Business in Florida 6/26/1996

5. FEI Number 65-0698039

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Teri Chierico

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

9416 Bay Drive

Suite, Apt. #, Etc.

City

Surfside

State
FL

Zip Code
33154

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******8.75 ******8.75

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 Teri Chierico

REGISTERED AGENT MUST SIGN

Date 1-2-02

CR2E081 (9/00)

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
P/S/Tent	Teri Chierico	9416 Bay Drive	Surfside, FL 33154
			100004901221---3 -02/12/02--01011--018 ***1200.00 ***1200.00

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)(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: Teri Chierico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-02
Date

3058936855
Daytime Phone #