

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 13 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054516

1. Corporation Name
CHADUS BUSINESS ENTERPRISE, INC.

Principal Place of Business Mailing Address
500 N.E. 5th Avenue
Suite #2
Delray Beach, FL 33483



REINSTATEMENT 99

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 6/24/96 SP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0672922	
City & State		City & State		Applied For Not Applicable	
Zip	Country	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	4. City / State / Zip
P, D	John J. Arieta	500 N.E. 5th Ave., Ste. #2	Delray Beach, FL 33483
VP, D	Devanira DeSousa	8478 Teresa Rd.	Boynton Beach, FL 33437

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****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
John J. Arieta 500 N.E. 5th Ave., Suite #2 Delray Beach, FL 33483		Name Devanira DeSousa Street Address (P.O. Box Number is Not Acceptable) 8478 Teresa Rd. Suite, Apt. #, Etc. City Boynton Beach State FL Zip Code 33437	

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 Devanira DeSousa Date 12-8-99
REGISTERED AGENT MUST SIGN

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 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: Devanira DeSousa 12-8-99 561-254-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (8/99)