1200

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -2 PH 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101577

1. Corporation Name

CHESAPEAKE ATLANTIC HOLDINGS, INC.

CR2E081 (12/05)

03-06

2. Principal Office Address
100 W. KENNEDY BLVD

3. Mailing Office Address
100 W. KENNEDY BLVD

Suite, Apt. # etc.
SUITE 400

Suite, Apt. #, etc.
SUITE 400

4. Date Incorporated or Qualified To Do Business in Florida 12/16/96

City & State
TAMPA

City & State
TAMPA

5. FEI Number
59-3421145

Applied For
Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

7. Name and Address of Current Registered Agent

Name
GREGORY L. HUGHES

Street Address (P.O. Box Number is Not Acceptable)
100 W. KENNEDY BLVD.

Suite, Apt. # Etc.
SUITE 400

000076208830
06/15/06--01006--010 **240.00

City
TAMPA

State
FL

Zip Code
33602

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 _____

REGISTERED AGENT MUST SIGN

Date 05/31/06

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
DP	GREGORY L. HUGHES	100 W. KENNEDY BLVD., STE. 400	TAMPA, FL 33602

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 contained in Chapter 119, 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: _____   05/31/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #