PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY -3 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032255

1. Corporation Name
WAR CHEST, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
500 N. Maitland Ave.	500 N. Maitland Ave.
Suite, Apt. #, etc.: Suite 313	Suite, Apt. #, etc.: Suite 313
City & State: Maitland, Florida	City & State: Maitland, Florida
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/09/97

5. FEI Number: 59-3444204 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: J. Gregory Humphries, Esq.

600004275576--3
-05/22/01--01023--019
***1030.00 ***1030.00

Street Address (P.O. Box Number is Not Acceptable): 300 S. Orange Ave.,

600004275576--3
-05/22/01--01023--020
*****20.00 *****20.00

Suite, Apt. #, Etc.: Suite 1000

City: Orlando State: FL Zip Code: 32801

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: J. Humphries Date: 4/20/01
REGISTERED AGENT MUST SIGN

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-D	Donald C. Mealey	3772 W. Colonial Dr.	Orlando, FL 32808
S-T-D	W. Warner Peacock	500 N. Maitland Ave., #313	Maitland, FL 32751

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: W. Warner Peacock 4-19-01 407-622-8864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #