

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR 08/09 REINSTATEMENT</b>		 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
<b>DOCUMENT # P97000034601</b>		
1. Corporation Name  <b>CHADEB, INC.</b>		

Principal Place of Business <b>2365 N.W. 43rd St Boca Raton, FL 33431</b>		Mailing Address <b>2365 N.W. 43rd Street Boca Raton, FL 33431</b>
2. New Principal Office Address, If Applicable <b>2365 N.W. 45th Street</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>1200 Brickell Avenue</b> Suite, Apt. #, etc.
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>
Zip	Country	Zip <b>33131</b> Country <b>USA</b>

FILED  
99 MAY -3 PM 5:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*08/09  
7/13/99  
5/13/99*

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida <b>4/17/1997</b>	
5. FEI Number <b>65-078-0591</b>	Applied For Not Applicable
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
D	<b>Charles M. Herington</b>	<b>2365 N.W. 45th Street</b>	<b>Boca Raton, Florida 33431</b>
D	<b>Deborah A. Herington</b>	<b>2365 N.W. 45th Street</b>	<b>Boca Raton, Florida 33431</b>

8. Name and Address of Current Registered Agent <b>Adams, Gallinar, Iglesias &amp; Palenzuela, P.A. 701 Brickell Avenue, Suite 2150 Miami, Florida 33131</b>		9. Name and Address of New Registered Agent Name <b>AGIM Registered Agents, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Avenue, Suite 900</b> Suite, Apt. #, Etc. <b>RRA</b> City <b>Miami</b> State <b>FL</b> Zip Code <b>33131</b>	
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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 *Charles M. Herington, Inc.* Date *4/27/99*

REGISTERED AGENT MUST SIGN

11. This corporation owes 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:** *Charles M. Herington* **Director** **4/27/99** **(305) 416-6800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**