

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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1999 SEP -7 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096060

1. Corporation Name
CHELMSFORD GROUP, INC.

Principal Place of Business 5840 NW 122 Drive Coral Springs, FL 33071	Mailing Address 5840 NW 122 Drive Coral Springs, FL 33071
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 11/10/97	5. FEI Number 65-0794254 Applied For Not Applicable
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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
P	Michelle J. Michalow	5840 NW 122 Drive	Coral Springs, FL 33076
S/T	Doug Forde	5840 NW 122 Drive	Coral Springs, FL 33076

B. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent		
	Name Doug Forde		
	Street Address (P.O. Box Number is Not Acceptable) 1440 Coral Ridge Drive, #313		
	City Coral Ridge	State FL	Zip Code 33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
Signature of Registered Agent: [Signature] Date: 9/3/99
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: Doug Forde 9/3/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Doug Forde P. 561-395-1920
Date: _____ Daytime Phone #: _____

CORP-1 (1/98)

AD

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ATLAS, PEARLMAN, TROP & BORKSON, P.A. *mfm*
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

CHELMSFORD GROUP, INC.

Certificate of Status	0
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