PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1,200

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -2 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001222

1. Corporation Name

CHESAPEAKE ATLANTIC PROPERTIES, INC.

CR2E081 (12/05) 03·06

2. Principal Office Address
100 W. KENNEDY BLVD
Suite, Apt. #, etc.
SUITE 400
City & State
TAMPA
Zip 33602   Country USA

3. Mailing Office Address
100 W. KENNEDY BLVD.
Suite, Apt. #, etc.
SUITE 400
City & State
TAMPA
Zip 336002   Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/06/1998

5. FEI Number 65-0813857   ☐ 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 GREGORY L. HUGHES
Street Address 100 W. KENNEDY BLVD.
Suite, Apt. # Etc. SUITE 400
City TAMPA   State FL   Zip Code 33602

200076208812
06/16/06--01005--010 **240.00

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
		618	

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 #