

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

04 JUN 25 PM 2:47

DOCUMENT # P99000013534

1. Corporation Name

CHP Entertainment Inc

2. Principal Office Address

15403 SW 137 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

15436 SW 151 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33177

Country

US

Zip

33196

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

02-11-1998

5. FEI Number

650829407

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

MARIA S. QUECADA

Street Address (P.O. Box Number is Not Acceptable)

15403 SW 137 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33177

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

Maria S. Quecada

Date

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	MARIA S. QUECADA	15403 SW 137 AVE	MIAMI / FL / 33177

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:

Maria S. Quecada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786)242-6582

CR2E081 (01/04)