

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*valz*

**CORPORATION  
REINSTATEMENT**



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

**FILED**

03 JAN 17 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000068950**

1. Corporation Name

**CHELA CORPORATION**

2. Principal Office Address

**1108 KANE CONCOURSE**

Suite, Apt. #, etc.

**205**

City & State

**BAY HARBOR ISLANDS**

Zip

**FL**

Country

**33154**

3. Mailing Office Address

**16425 NE 31ST. AVE.**

Suite, Apt. #, etc.

City & State

**NORTH MIAMI**

Zip

**FL**

Country

**33160**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/07/98**

5. FEI Number

**65-0936048**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**01-03UBR**  
**5/11/01 90118 001-150**

7. Name and Address of Current Registered Agent

Name

**LAURA RAQUEL SAUER**

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

**16425 NE 31ST. AVENUE**

Suite, Apt. #, Etc.

City

**NORTH MIAMI**

State

**FL**

Zip Code

**33160**

*[Handwritten Signature]*

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

**700012328037**  
02/12/03 Da 01005--014 \*\*300.00

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
S/T/D	SAUER, LAURA RAQUEL	16425 NE 31ST. AVENUE	NORTH MIAMI, FL. 33160
V/D	GIMENEZ, ANIBAL S.	16425 NE 31ST. AVENUE	NORTH MIAMI, FL. 33160
P/D	SAUER, DANIEL H.	16425 NE 31 ST. AVENUE	North Miami, FL 33160

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 15TH 2003**

Date

**305 861 7172**

Daytime Phone #