




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>998-102120</u>			
1. Corporation Name Chesapeake Credit Solutions, Inc.			
2. Principal Office Address 151 N. Nob Hill Road Suite, Apt. #, etc. Suite 278 City & State Plantation, FL Zip 33324 Country USA		3. Mailing Office Address 151 N. Nob Hill Road Suite, Apt. #, etc. Suite 278 City & State Plantation, FL Zip 33324 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 12/2/1998		5. FEI Number 65-0881477 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Francisco Juan			
Street Address (P.O. Box Number is Not Acceptable) 151 N. Nob Hill Road Suite, Apt. #, Etc. Suite 278 City Plantation State FL Zip Code 33324			
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  Date <u>3/19/2004</u> 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
Pr.	Francisco Juan	151 N. Nob Hill Road Suite 278	Plantation, FL 33324
VP	Carole K. Friedman	151 N. Nob Hill Road Suite 278	Plantation, FL 33324
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: 		<u>3/19/2004</u> Date	954-915-0607 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (01/04)