11/14/2001 15:40 3053584277 SAEZ LEON URDANETA PAGE 01/01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
01 NOV 14 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000105733

1. Corporation Name

CHANDLER INTERNATIONAL CORP.

2. Principal Office Address		3. Mailing Office Address	
888 Brickell Avenue		888 Brickell Avenue	
Suite, Apt #, etc. Fifth Floor		Suite, Apt #, etc. Fifth Floor	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country U.S.A.	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/22/98

5. FEI Number 65-0988213 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Juan Vicente Urdaneta

Street Address (P.O. Box Number is Not Acceptable): 888 Brickell Avenue, Fifth Floor

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33131

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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: [signature] REGISTERED AGENT MUST SIGN Date November 14, 2001

CR2E051 (8/00)

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
D	Antonio Forgione	888 Brickell Avenue, 5th Fl.	Miami, Florida 33131
D	Glenda Forgione	888 Brickell Avenue, 5th Fl.	Miami, Florida 33131

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: [signature] 10/08/2001 (305) 358-0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #