


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000035537**

1. Corporation Name

WHISTLE CHAIR COMPANY

Principal Place of Business

Mailing Address

**2840 N.E. 24TH PLACE
FT. LAUDERDALE FL 33305**

**2840 N.E. 24TH PLACE
FT. LAUDERDALE FL 33305**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

To Do Business in Florida

04/19/1999

5. FEI Number

65-0911993

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ADAMS, JEFFREY A	2941 S.E. TREASURE ISLAND RD.	PORT ST. LUCIE FL 34952
D	ADAMS, STEVEN	380 S.W. 14TH COURT	POMPANO BEACH FL 33060
D	ADAMS, ROGER	2840 N.E. 24TH PLACE	FT. LAUDERDALE FL 33305
D	ADAMS, GERALDINE	2840 N.E. 24TH PLACE	FT. LAUDERDALE FL 33305

500004704675-128
-12/04/01--01067--029
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ADAMS, JEFFREY A
2941 S.E. TREASURE ISLAND ROAD
PORT ST. LUCIE FL 34952**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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:

Geraldine M. Adams **GERALDINE ADAMS** 10/31/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #