


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9915000455910			
1. Corporation Name Chieff Sales, Inc.			
2. Principal Office Address 940 Sweetwater lane Suite, Apt. #, etc. 108 City & State Boca Raton, FL Zip 33431 Country U.S.		3. Mailing Office Address 940 Sweetwater lane Suite, Apt. #, etc. 108 City & State Boca Raton, FL Zip 33431 Country US	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/21/01--01090--010
****158.75 ****158.75

4. Date Incorporated or Qualified To Do Business in Florida 5/17/99	Applied For <input type="checkbox"/>
5. FEI Number 65-0921375	Not Applicable <input type="checkbox"/>
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 Thomas J. Tobin	
Street Address (P.O. Box Number is Not Acceptable) 940 Sweetwater lane 1	
Suite, Apt. #, Etc. #108	
City Boca Raton	State FL
Zip Code 33431	

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** 10/25/01
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
President	Thomas J Tobin	940 Sweetwater lane	Boca Raton FL 33431

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01
Date

800 742-9613
Daytime Phone #

CR2E081 (9/00)

Chieff Sales, Inc
940 Sweetwater Ln. #108
Boca Raton, FL 33431
800-742-9613
Fax: 561-362-0036

10/25/01

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Change of address and reinstatement of corporation
65-0921375

To whom it may concern:

The reason for my letter is to inform you that I never received notification of my annual reinstatement for my S-corporation. My address had changed, which I had indicated previously. If my address is not current in your files to date please update them so this will not happen in the future. Once again my current address
Chieff Sales, Inc.
940 Sweetwater Ln. #108
Boca Raton, FL 33431

Please send me verification of the change. Enclosed is the application for reinstatement of my Florida Corporation. In light of the fact that I never received the Uniform Business Report in the mail for this year, I am requesting an abatement of the reinstatement fee and am enclosing the \$150.00 annual fee and \$8.75 for a current Certificate of Status.

Sincerely,

Thomas Tobin
President