

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000065918

1. Corporation Name

Charter One Enterprises, Inc.

2. Principal Office Address

3012 East Commercial Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

3. Mailing Office Address

3012 East Commercial Blvd

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

**4. Date incorporated or Qualified
To Do Business in Florida**

07/19/1999

5. - FEI Number

65-1026648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Matthew P. Talchik

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

3012 East Commercial Blvd.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

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

11/26/02

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
PSTD	Talchik, Matthew	3012 East Commercial Blvd.	Fort Lauderdale, FL 33308

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/02

Daytime Phone #

954-771-0102

FILED
02 NOV 27 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/30/02--01002--017 **1050.00

[Handwritten signature]

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