

APPLICATION  
FOR  
REINSTATEMENT



APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Corporation Name  
**CHAMBER VALUES, INC.**

Mailing Address  
1036 SANDY LN NE  
PALM BAY FL 32905

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

05/20/1991

**Not Applicable**

**\$8.75 Additional Fee required for a Certificate of Status**

Country

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

600002045546-9  
-01/03/97-01144-012  
\*\*\*225.00 \*\*\*225.00

600002045546-775  
-01/03/97--01140--09211  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

~~LAGANO, ALBERT S.~~  
~~1900 PALM BAY RD NE~~  
~~STE G~~  
~~PALM BAY FL 32905~~

**9. Name and Address of New Registered Agent**

city PALM BEACH, FL

State <b>FL</b>	Zip Code <b>33008</b>
--------------------	--------------------------

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 9-20-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

9-26-96

Daytime Phone #

0016342