PLEASE READ	ALL INSTRUCTION	NS BEFORE C	COMPLETING THIS FORM
APPLICATION FOR	FLORIDA DEPARTI Sandra B. I	Mortham	APPROVED AND
REINSTATEMENT	Secretary DIVISION OF COI		i icco
DÒCUMENT # S54325			96 DEC 26 PM 12: 42
1 Corporation Name CHAMBER VALUES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
			17 425 4 8 (60000) 1 201 1151 (
Principal Place of Business Mailing Address 1071 PT. MALABAR BOULEVARD 1036 SANDY LN NE SUITE 106 PALM BAY FL 32905 US If above addresses are incorrect in any way, line through incorrect information and enter correction by			
2. New Principal Office Ratress, If App@cable	3. New Mailing Office Addres		Date Incorporated or Qualified To Do Business in Florida 05/20/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		5. FEI Number 59-3068167 Applied For
ZE300S COUNTS A		ountry	6. CERTIFICATE OF STATUS DESIRED St. 75 Additional 6 to 100
Names and Street Addresses of Each Officer and Name of Officers	or Director (Florida nonprofit co		vast 3 directors)
Title(s) and/or Directors	3 (Do NO	Street Address of Each Officer and/or Director OT Use Post Office Box N	or City / State / Zip Numbers) 4
PD NUNGESSER, GARY T.	1036 SAND	Y LN NE	PALM BAY FL
STD NUNGESSER, RENE C.	1038 SAND	Y LN NE	PALM BAY FL
			600002045546 - 9 -01/03/9701144012
			****225.00 ****225.00
		· · · · · · · · · · · · · · · · · · ·	REINSTALEMENT 1990
			600002045546-7-7 -01/03/97-01144-01/
			****150.80 *****150.50
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent
L AGANO, ALBERT S . 19 00 PALM BAY RD N E		Street Address (P	Pro(Bbx Number is Noylegeplable)
ste G Pal m Bay Fl-9290 5		Sullo Apt. #, Etc.	ALMISON RO DE
		PALME	AU, KL Siato Zinsones
10. I, being appointed the registered aguin of the abo Signature of Registered Agent) HRE AEC	MIRED	Data
11. Does this corporation pay a Dept. of Revenue under S.	IN Intangible tax to	the	No (See other side for information on intangible tax.)
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for disso owed by the corporation have been paid and the on this application is true and accurate, and my significant	ver or trustee empowered to exception has been eliminated, the chambes of individuals listed on this grature shall have the same legal	cute this application as proportie name satisfice is form do not qualify for all effect as if made under	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees
SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime Phone #