


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																	
<b>DOCUMENT #</b> 1. Corporation Name <i>Alexandrea Chadwick Designs</i> <i>VC 4698</i>																																			
Principal Place of Business <i>1844 Grist Stone Ct.</i> <i>Atlanta, Ga. 30307</i>		Mailing Address																																	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.																																			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip																																	
4. Date Incorporated or Qualified To Do Business in Florida <i>95</i>		5. FEI Number <i>65-0386345</i>																																	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable																																	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City, State, Zip</th></tr></thead><tbody><tr><td>Pres.</td><td><i>Rhea Kessler</i></td><td><i>1844 Grist Stone Ct.</i></td><td><i>Atlanta, Ga. 30307</i></td></tr><tr><td>V.P.</td><td><i>"</i></td><td></td><td><i>"</i></td></tr><tr><td>Sec.</td><td><i>"</i></td><td></td><td><i>"</i></td></tr><tr><td>Tres.</td><td><i>"</i></td><td></td><td><i>"</i></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip	Pres.	<i>Rhea Kessler</i>	<i>1844 Grist Stone Ct.</i>	<i>Atlanta, Ga. 30307</i>	V.P.	<i>"</i>		<i>"</i>	Sec.	<i>"</i>		<i>"</i>	Tres.	<i>"</i>		<i>"</i>												
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent Name <i>Rhea Kessler</i> Street Address (P.O. Box Number is Not Acceptable) <i>127 S.E. 1st Ave.</i> Suite, Apt. #, Etc. <i>201</i> City <i>Hallandale</i> State <i>FL</i> Zip Code <i>33009-5551</i>																																	
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 <i>Rhea Kessler</i> REGISTERED AGENT MUST SIGN Date <i>6/15/98</i>																																			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Rhea Kessler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <i>6/15/98</i> Daytime Phone # <i>404-371-8770</i>																																			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E040 (1/98)