

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000071936**

1. Entity Name  
**THE CHEF EXPRESS, INC.**



FILED  
04 NOV 18 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**680 LAKE CHARM DRIVE  
OVIDO, FL 32765 US**

Mailing Address  
**680 LAKE CHARM DRIVE  
OVIDO, FL 32765**

2. Principal Place of Business  
*111 General Drive*

3. Mailing Address  
*111 General Drive*



11102004 REIN-P CR2E098 (6/04)

City & State  
*Oviedo, Florida*

City & State  
*Oviedo, Florida*

4. FEI Number  
*20-0004723*

Applied For  
Not Applicable

Zip *32765* Country *USA*

Zip *32765* Country *USA*

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**VELEZ, DEBORAH D  
680 LAKE CHARM DRIVE  
OVIDO, FL 32765**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

DATE: *11-8-04*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE	PRES	<input type="checkbox"/> Delete
NAME	VELEZ, LUIS A	
STREET ADDRESS	680 LAKE CHARM DRIVE	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELEZ, DEBORAH D	
STREET ADDRESS	680 LAKE CHARM DRIVE	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	--	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>300042871473</del>	
STREET ADDRESS	<del>11/18/04--01051--014</del>	
CITY-ST-ZIP	<del>014 458.00</del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300042871473	
STREET ADDRESS	11/18/04--01051--014	
CITY-ST-ZIP	**158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

DATE: *11-8-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #