

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000032607

FILED
Apr 27, 2006
Secretary of State

Entity Name: CHEF PIERRE, INC.

Current Principal Place of Business:

3675 15 AVENUE SW
NAPLES, FL 34117

New Principal Place of Business:

3675 15 AVENUE SW
NAPLES, FL 34117 US

Current Mailing Address:

3675 15 AVENUE SW
NAPLES, FL 34117

New Mailing Address:

3675 15 AVENUE SW
NAPLES, FL 34117 US

FEI Number: 20-0744180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, ANTHONY E
2121 MAIN STREET
SUITE C
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

OLSON, ANTHONY E
2020 CATTLEMEN ROAD
SUITE 100
SARASOTA, FL 34232 US

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.

SIGNATURE: ANTHONY OLSON

04/27/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: HARMELLE, PIERRE
Address: 3675 15 AVENUE SW
City-St-Zip: NAPLES, FL 34117

Title: VD () Delete
Name: MORANCIE HARMELLE, MAUREEN
Address: 3675 15 AVENUE SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE HARMELLE

PTSD

04/27/2006

Electronic Signature of Signing Officer or Director

Date