

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000028357**

1. Corporation Name
Chef Paul's, Inc.
4900 N. Tamiami Trail
Sarasota, FL 34234

Principal Place of Business 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 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-040-2133** Applied For or Applicable

6. CERTIFICATE OF STATUS DES REU [] **\$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Frederick Paul Graves	3056 Wood St.	Sarasota, FL 34237
V	Grace Graves	3056 Wood St.	Sarasota, FL 34237

REINSTATEMENT 97-99 TO 4/12

8. Name and Address of Current Registered Agent

GRACE M. GRAVES
3056 WOOD ST.
SARASOTA FL 34237

9. Name and Address of New Registered Agent

Name **Grace Graves**
 Street Address (P.O. Box Numbers Not Acceptable) **3056 Wood St.**
 Suite, Apt. #, Etc.
 City **Sarasota** State **FL** Zip Code **34237**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.026, F.S.

Signature of Registered Agent *Grace M. Graves* REGISTERED AGENT MUST SIGN

Date **4/9/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 the application as provided for in Chapter 607 of F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name is still in the representative of part of 607.010(1) or 607.010(1) F.S. that all taxes 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)(b) 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: *Frederick P. Graves*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

FILED
99 APR 12 AM 9:37
 STATE OF FLORIDA

300002840593--1
04/15/99-01095--012
*****1050.00 ***1050.00**

CP-607 (REV. 9/98)