PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED FLORIDA DEPARTMENT OF STATE CORPORATION 09 AUG 28 AM 8: 18 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # N21759 1. Corporation Name Southwest Florida Chef's Association, Inc. 2. Principal Office Address - No P.O. Box # Mailing Office Address 1932 Piccadilly Circle 1932 Piccadilly Circle Suite, Apt. #, etc. Suite, Apt. #. etc. Trafalgar Woods Trafalgar Woods Date Incorporated or Qualified 1985 To Do Business in Florida City & State City & State 5. FEI Number ✓ Applied For Cape Coral, Florida Cape Coral, Florida Not Applicable Country Country \$8.75 Additional Foe required 33991 33991 CERTIFICATE OF STATUS DESIRED 7 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent The reinstatement fee is imposed, except in Rainer M Drygala circumstances which the entity did not receive Street Address (P.O. Box Number Is Not Acceptable) 1932 Piccadilly Circle the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. Trafalgar Woods received and requesting the reinstatement fee be waived. Cape Coral 8. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip Cape Coral, Florida 33991 TD Rainer M Drygala 1932 Piccadilly Circle PD Christopher M Cassel 39 Wickliffe Drive Naples, Florida 34110 VD Craig Panneton 21620 Helmsdale Run Estero, Florida 33928 SD 1932 Piccadilly Circle Cape Coral, Florida 33991 Rosemarie A Drygala 10. 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 817.0401, 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 contained in Chapter 119, 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 path.

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SIGNATURE: