

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000113387

1. Corporation Name

SAN ANN CHEF, INC.

Principal Place of Business

Mailing Address

32909 PENNSYLVANIA AVE  
SAN ANTONIO FL 33576

32909 PENNSYLVANIA AVE  
SAN ANTONIO FL 33576

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

14306 N. 7th St.

Suite, Apt. #, etc.

City & State

DADE City FL

Zip

33523

Country

PASCO

3. New Mailing Office Address, If Applicable

14306 N. 7th St.

Suite, Apt. #, etc.

City & State

DADE City

Zip

FL 33523

Country

PASCO

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/2000

5. FEI Number

59-3680696

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DIEZ, PAMELA M	32909 PENNSYLVANIA AVE- 14306 N. 7th Street	SAN ANTONIO FL 33576 33523 DADE City FL 33523
TD	DIEZ, STEVEN R	32909 PENNSYLVANIA AVE- 14306 N. 7th Street	SAN ANTONIO FL 33576 33523 DADE City FL 33523
VD	PYCHE, THOMAS J.	32909 PENNSYLVANIA AVE 14306 N. 7th Street	SAN ANTONIO FL 33576 33523 SAN ANTONIO FL 33523
SD	PYCHE, NATALIE A.	32909 PENNSYLVANIA AVE 14306 N. 7th Street	SAN ANTONIO FL 33576 DADE City FL 33523
			800004725568--4 -12/14/01--01004--006 ****150.00 ****150.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DIEZ, PAMELA M  
32909 PENNSYLVANIA AVE  
SAN ANTONIO FL 33576

Name

Street Address (P.O. Box Number is Not Acceptable)

14306 N. 7th Street

Suite, Apt. #, Etc.

City

DADE City

State

FL

Zip Code

33523

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

Pamela M. Diez  
REGISTERED AGENT MUST SIGN

Date 11-8-01

11. 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:

Pamela M. Diez / PAMELA M. DIEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-8-01

Daytime Phone #

CFR2040 (8/01)



**San Ann Chef Inc.**

352-588-4073  
Post Office Box 381  
San Antonio, Florida 33576

2072

November 23, 2001

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL

Re: Reinstatement Application

Dear Sir/Madam:

Enclosed please find a Reinstatement Application for which we are requesting a waiver of the \$750.00 fee. We did not timely receive our uniform business report for filing which, we assume, was due to our corporation filing so late in the year. Enclosed please find our company's check in the amount of \$150.00.

Thank you for your kind cooperation and attention to this matter.

Sincerely,

*Pamela M. Diez*

Pamela M. Diez

/pmd