

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
OVIEDO, FL 32765 US

Mailing Address
680 LAKE CHARM DRIVE
OVIEDO, FL 32765



2. Principal Place of Business
111 General Drive
Suite, Apt. #, etc.

3. Mailing Address
111 General Drive
Suite, Apt. #, etc.

11102004 REIN-P CR2E098 (6/04)

City & State
Oviedo, Florida
Zip 32765 Country USA

City & State
Oviedo, Florida
Zip 32765 Country USA

4. FEI Number 20-0004723
Applied For
Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE 11-8-04

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
NAME VELEZ, LUIS A
STREET ADDRESS 680 LAKE CHARM DRIVE
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE VP
NAME VELEZ, DEBORAH D
STREET ADDRESS 680 LAKE CHARM DRIVE
CITY-ST-ZIP OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
~~300042871473~~
~~11/18/04-01051-014~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300042871473
11/18/04-01051-014 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
[Signature]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-8-04

Daytime Phone #