

2007 FOR PROFIT CORPORATION REINSTATEMENT


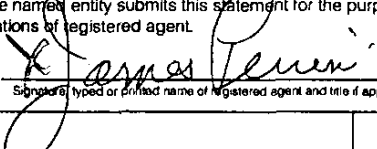
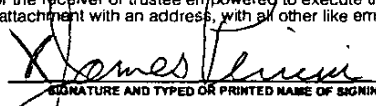
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2007 JUN 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06212007 REIN-P CR2E098 (1/07)

DOCUMENT # P03000088028			
1. Entity Name CHICKIES PUB INC.			
Principal Place of Business 5320 MAIN ST. NEW PORT RICHEY, FL 34652		Mailing Address 5320 MAIN ST. NEW PORT RICHEY, FL 34652	
2. Principal Place of Business - No P.O. Box # 6408 ROWAN ROAD Suite, Apt. #, etc.		3. Mailing Address 6408 ROWAN ROAD Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL Zip 34653 Country		City & State NEW PORT RICHEY, FL Zip 34653 Country	
4. FEI Number 51-0479049		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHALLES, LARRY 5320 MAIN ST. NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name: JAMES PERRINI Street Address (P.O. Box Number is Not Acceptable): 6408 ROWAN ROAD City: NEW PORT RICHEY FL Zip Code: 34653	
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:  JAMES PERRINI PRESIDENT		DATE: 6-22-07	
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRINI, JAMES 6408 ROWAN RD. NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500104945785 06/27/07--01055--009 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  JAMES PERRINI		DATE: 6-22-07 (527) 207-1861	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

6/27/07