2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000110174

1. Entity Name
CHEF CREOLE INC.

FILED
05 FEB -2 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05

Principal Place of Business	Mailing Address
200 NW 54TH STREET MIAMI, FL 33137	200 NW 54TH STREET MIAMI, FL 33137

01062005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
200 NW 54th St		13125 W. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Miami		N. Miami Fl	
City & State F/A		City & State	
Zip 33137	Country USA	Zip 33161	Country

4. FEI Number 81-0635735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEJOUR, WILKINSON 200 NW 54TH STREET MIAMI, FL 33137	Name W. Sejour Street Address (P.O. Box Number is Not Acceptable) 13125 W. Dixie Hwy City N. Miami FL Zip Code 33161

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 ______ 1-10-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wilkinson Sejour ☐ Delete Pres. 98 NW 161 St Miami Fl 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400046332084 02/10/05--01012--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: ______ W. SEJOUR 1-10-05 305 899 2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #