


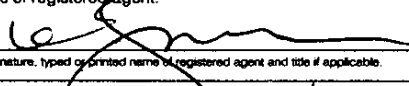
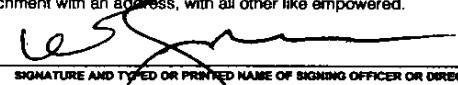
2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 16 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000110174			
1. Entity Name CHEF CREOLE INC.			
Principal Place of Business 200 NW 54TH STREET MIAMI, FL 33137		Mailing Address 1312 SW DIXIE HWY Wrong Address N MIAMI, FL 33161	
2. Principal Place of Business		3. Mailing Address 13125 W. DIXIE HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N. MIAMI FLA	
Zip	Country	Zip 33161	Country
4. FEI Number 81-0635735		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		10102006 REIN-P CR2E098 (11/05)	
6. Name and Address of Current Registered Agent SEJOUR, WILKINSON 13125 W DIXIE HWY N MIAMI, FL 33161		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: 		DATE: 10/12/06	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEJOUR, WILKINSON 98 N W 161 ST MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080875255 10/16/06--01041--019 **158.75
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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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: 		Date: 10-12-06 Daytime Phone #: 7865128029	

10/20/06