

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN 12 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MRD

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>DOCUMENT # P03000112157</b>   |   |  |  |         |  |
| 1. Entity Name<br>CHEF SERVICES INC.   |   |  |  |  |  |
| Principal Place of Business<br>6801 MIAMI GARDENS DR.<br>%COUNTRY CLUB OF MIAMI<br>MIAMI, FL 33134 US  |   |  | Mailing Address<br>6801 MIAMI GARDENS DR.<br>%COUNTRY CLUB OF MIAMI<br>MIAMI, FL 33134 US  |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address<br>3001 PONCE DE LEON BLVD. |  | 01032005 REIN-P CR2E098 (6/04)   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br>203                     |  | 4. FEI Number<br>20-0301711  |  |
| City & State   |   | City & State<br>CORAL GABLES, FL               |  | Applied For<br>Not Applicable  |  |
| Zip  | Country   | Zip  | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
|  |   | 33134  | USA  |  |  |
| 6. Name and Address of Current Registered Agent<br>HAUSER, CHARLES<br>3001 PONCE DE LEON BLVD.<br>STE. 203<br>CORAL GABLES, FL 33134   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (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 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRESIDENT/DIRECTOR<br>HAUSER, CHARLES<br>11033 GIRASOL AVE.<br>CORAL GABLES, FL 33156 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:    |   |  | 1/10/05 (305) 444-0232   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #   |  |  |