

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Jun 07, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # PD3000112833

**1. Corporation Name**

THE CHOP CHOP Food INC

**2. Principal Office Address**

5826 NW 113 Place

Suite, Apt. #, etc.

City, State

MIAMI FL

Zip

33178

Country

MIAMI DADE

**3. Mailing Office Address**

5826 NW 113 Place

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

MIAMI DADE

600056397076

06/21/05--01053--002 \*\*300.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FID Number**

16-1686013

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

JENNIFER PASSARIELLO

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

5826 NW 113 Place

City

MIAMI

State

FL

Zip Code

33178

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date 6-2-05

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PT/IS</u>	<u>JENNIFER PASSARIELLO</u>	<u>5826 NW 113 Place</u>	<u>MIAMI FL 33178</u>

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-2-05

Daytime Phone #

Miami, Florida  
June 2, 2005

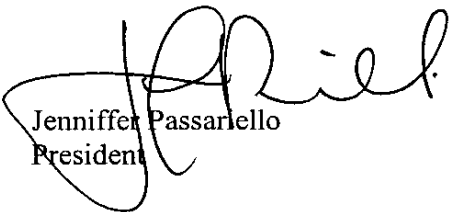
Secretary of State  
Tallahassee, Fl.

RE: P03000112833  
Annual Report 2004 and 2005

TO WHOM IT MAY CONCERN:

Attached the reports of reference with check by \$300.00 covering the fees by those reports.

I never received the report and find it from Lazarus Office in Miami in order to file it.



Jenniffer Passariello  
President