2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2005
Secretary of State

DOCUMENT# P04000019182

Entity Name: CHICKEN PLUS CUISINE INC.

Current Principal Place of Business:

99 NW 54TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

99 NW 54TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORESTE, LENS N
633 NE 167TH STREET # 901
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ORESTE LENS

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAROCHIN, JEANCENE
Address: 16049 NE 8 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VP ( ) Delete
Name: CHAVANNES, DIEULA
Address: 1281 SW 103AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: SEC ( ) Delete
Name: ST-VAL, JESSICA
Address: 16049 NE 8 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORESTE LENS P 10/28/2005

Electronic Signature of Signing Officer or Director Date