

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000088007

Entity Name: TWO CHEF'S, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

4000 SW 47 AVE
DAVIE, FL 33314 US

New Principal Place of Business:

3603 WHISPER CREEK BLVD
MIDDLEBURG, FL 32068 US

Current Mailing Address:

4000 SW 47 AVE
DAVIE, FL 33314 US

New Mailing Address:

3603 WHISPER CREEK BLVD
MIDDLEBURG, FL 32068 US

FEI Number: 36-4555791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, THOMAS
4000 SW 47 AVENUE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

PHIPPS, HAYDEN
3603 WHISPER CREEK BLVD
MIDDLEBURG, FL 32068 US

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: HAYDEN PHIPPS

03/20/2007

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: PSTD () Delete
Name: PHIPPS, HAYDEN A
Address: 4000 SW 47 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: ST (X) Delete
Name: PHIPPS, CARYL
Address: 4000 SW 47 AVENUE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PHIPPS, CARYL T
Address: 3603 WHISPER CREEK BLVD
City-St-Zip: MIDDLEBURG, FL 32068

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 Chapter 119, 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: CARYL PHIPPS

PSTD

03/20/2007

Electronic Signature of Signing Officer or Director

Date