2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000064353

Name:

Address:

City-St-Zip:

BENJAMIN, KERLINE

6917 NW 4TH COURT

PLANTATION, FL 33317 US

FILED Oct 23, 2007 Secretary of State

Entity Nar	ne: NADEC	SE'S CARIBBEAN	RESTAURANT, INC	· ·				
Current Principal Place of Business:				New Principal Place of Business:				
2768 N. UN SUNRISE,	NIVERSITY (FL 33322	OR. US						
Current Mailing Address:				New Mailing Address:				
2768 N. UN SUNRISE,	NIVERSITY (FL 33322	OR. US						
FEI Number:	04-3812385	FEI Number Ap	plied For() FEI	Number Not Appli	icable ()	Certificate of Status Desir	ed ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
	N, NADEGE NIVERSITY [FL 33322							
The above in the State	named entit of Florida.	y submits this stat	ement for the purpos	e of changing it	ts registered	l office or registered agent	, or both,	
SIGNATUR	RE: NADEC	GE DUCHEMIN						
	Electr	onic Signature of F	Registered Agent			Date		
		193(2)(b), F.S., the co	orporation did not recei ribution ().	ve the prior notice	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DUCHEMIN, 6917 NW 4T			Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	DUCHEMIN, 6917 NW 4T			Title: Name: Address: City-St-Zip:	DUCHEMIN, 6917 NW 4TI			
Title:	Т	() Delete		Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NADEGE DUCHEMIN Ρ 10/23/2007