


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000070802**

1. Entity Name  
**RED CHILIES, INC.**



FILED  
08 OCT 28 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1305 IVYHEDGE AVE ST AUGUSTINE, FL 32092</b>	Mailing Address <b>1305 IVYHEDGE AVE ST AUGUSTINE, FL 32092</b>
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2. Principal Place of Business - No P.O. Box # <b>8661 Baymeadows Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>705 Carthage Place</b> Suite, Apt. #, etc.
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**REINSTATEMENT** 08

10232008 REIN-P GR2E098 (1/07)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32256</b>	Country <b>USA</b>
Zip <b>32259</b>	Country <b>USA</b>

4. FEI Number <b>25-1917516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**GOPU, GEORGE R  
1305 IVYHEDGE AVE  
ST AUGUSTINE, FL 32092**

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

Name  
**Srinivas Bikkumanla**

Street Address (P.O. Box Number is Not Acceptable)  
**705 Carthage Place**

City  
**Jacksonville**      **FL**      Zip Code  
**32259**

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: Srinivas Bikkumanla *RBA*      DATE: 10/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GOPU, GEORGE R 1305 IVYHEDGE AVE ST AUGUSTINE, FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BIKKUMANIA, SRINIVAS 8989 ADAMS WALK DR JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Sama, Venu 8 Steeple Ridge Ct. Greer, SC 29650	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bikkumanla, Srinivas 705 Carthage Place Jacksonville, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800137368578 10/28/08--01028--008    **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Srinivas Bikkumanla      Secretary      Date: 10/24/08      Daytime Phone #: 904-728-6397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JC 10/29*