2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000136709

City-St-Zip:

JACKSONVILLE, FL 32208 US

Entity Name: CHOPPER CITY CAFE, INC.

FILED Oct 09, 2007 Secretary of State

Entity Nar	me: CHOPPE	R CITY CAFE	, INC.				
Current Principal Place of Business:				New Principal	New Principal Place of Business:		
	ANTIC BLVD VILLE, FL 322	225 US					
Current Mailing Address:				New Mailing A	New Mailing Address:		
	ULT SCENIC VILLE, FL 322						
FEI Number:	: 20-3655248	FEI Number A	applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Add	Name and Address of New Registered Agent:		
SEARS, CHARLES A CPA 3616 EMERSON ST JACKSONVILLE, FL 32207 US				6411-1 ARLING	WILLIAMS, ROWLAND V PA 6411-1 ARLINGTON ROAD JACKSONVILLE, FL 32211 US		
	named entity e of Florida.	submits this st	atement for the p	ourpose of changing its reg	istered office or registered agent, or both,		
SIGNATURE: ROWLAND V WILLIAMS					10/09/2007		
	Electror	nic Signature o	f Registered Age	ent	Date		
	ce with s. 607.19 npaign Financin			t receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CARETA L. RU 2201 RIBAULT) Delete SSELL /, PRESID SCENIC DRIVE E, FL 32208 US	ENT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KENNETH RUS 2201 RIBAULT) Delete SELL / VI, CE PF SCENIC DRIVE E, FL 32208 US	ESIDENT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	KATHRYN RUS) Delete SELL /, MARKE ⁻ SCENIC DRIVE	ING DIR.	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: CARETA RUSSELL PRES 10/09/2007