

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000147945

1. Entity Name
HEIRLOOMS CHEF DESIGNED MEALS INC.



Principal Place of Business
9735 VICEROY DRIVE EAST
JACKSONVILLE, FL 32257

Mailing Address
9735 VICEROY DRIVE EAST
JACKSONVILLE, FL 32257

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212008

REIN-P

CR2E098 (1/07)

4. FEI Number
20-3758837

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, CHARLES E JR
77 ALMERIA STREET
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-20-08

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
CLARK, CHERYL A
9735 VICEROY DRIVE EAST
JACKSONVILLE, FL 32257

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
EVONIUK, JAMEY B SECRETA
9735 VICEROY DRIVE
JACKSONVILLE, FL 32257

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700137210667
10/23/08--01025--011 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT

[Signature]
10/23

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-08 904338-3504

Date

Daytime Phone #