

**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

Zip

Country

10212008 REIN-P CR2E098 (1/07)

Applied For  
Not Applicable

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

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

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

Delete

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

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700137210667  
10/23/08--01025--011 \*\*750.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

10-20-08 904-338-3504