

## 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P06000133457</b> 1. Entity Name <b>CHERCHEZ, INC.</b>			
Principal Place of Business 10501-7 & 8 SAN JOSE BLVD. JACKSONVILLE, FL 32257		Mailing Address 10501-7 & 8 SAN JOSE BLVD. JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b> SMITH-BOLEY, SHERRI 10501-7 & 8 SAN JOSE BLVD. JACKSONVILLE, FL 32257		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: <i>Sherris Smith-Boley</i> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>		DATE: <i>10/10/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-BOLEY, SHERRI 10501-7 & 8 SAN JOSE BLVD. JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100110905891 10/17/07--01058--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 empowers.			
SIGNATURE: <i>Sherris Smith-Boley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>10/10/07</i> (904) 268-6199 <small>Date Daytime Phone #</small>	

FILED  
07 OCT 17 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 07  
10092007

4. FEI Number *20-5746008* Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

*10/10/07*