


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAR 14 AM 10:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P96000038195</u>					
1. Corporation Name TOP CHEF INVESTMENT, INC.					
2. Principal Office Address 455 HIALEAH DRIVE Suite, Apt. #, etc.			3. Mailing Office Address 455 HIALEAH DRIVE Suite, Apt. #, etc.		
City & State HIALEAH, FLORIDA			City & State HIALEAH, FLORIDA		
Zip 33010	Country USA	Zip 33010	Country	4. Date Incorporated or Qualified To Do Business in Florida 04/29/1996	
5. FEI Number 650653595				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name ANIBAL SANTOS					
Street Address (P.O. Box Number is Not Acceptable) 455 HIALEAH DRIVE					
Suite, Apt. #, Etc.					
City HIALEAH				State FL	Zip Code 33010
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent <u>X</u> <u>[Signature]</u>				Date 01-28-2005	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD	ANIBAL SANTOS	455 HIALEAH DRIVE		HIALEAH, FL 33010	
REINSTATEMENT <u>01-05</u>					
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>X</u> <u>[Signature]</u>				01-28-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

CR2E081 (01/05)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEAR OF 2001 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ANIBAL SANTOS
PRESIDENT