

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 OCT 27 AM 10:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000090027

1. Corporation Name

CHEF SIMON INC.

2. Principal Office Address

10884 FILMORE DR

3. Mailing Office Address

10884 FILMORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

33437

Country

PALM BCH

Zip

33437

Country

PALM BCH

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1998

5. FFL Number

65-0870186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

SIMON STOCKTON

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

10884 FILMORE DR

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33437

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/06

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
P	SIMON STOCKTON	10884 FILMORE DR	BOYNTON BEACH FL 33437

REINSTATEMENT

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 contained in Chapter 119, 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/06

Date

561 733 5474

Daytime Phone #

Chef Simon, Inc.
10884 Fillmore Drive
Boynton Beach, FL 33437

October 23, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # P98000090027

Dear Sir or Madam,

Enclosed, please find a completed copy of my 2006 Corporation Reinstatement and \$750.00 as payment for all previous years. I moved to a new location a few years back and since then I have not received a copy of the annual report. None of the forms from your office were forwarded and I was unaware of any problems. I respectfully request that you waive the \$600 reinstatement fee.

Sincerely,

Simon Stockton
Chef Simon, Inc.