

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS



**OZUBN**

FILED

02 NOV -1 AM 10:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000093738**  
 1. Corporation Name  
**KITCHEN TRADITIONS, INC.**

Principal Place of Business Mailing Address  
 3461 HARBOUR DRIVE 3461 HARBOUR DRIVE  
 MOUNT DORA FL 32757 MOUNT DORA FL 32757



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 1611 E. Alfred St		Suite, Apt. #, etc. 1611 E. Alfred St.		10/22/1999	
City & State TAVARES, FL		City & State TAVARES, FL		5. FEI Number 59-3605996	
Zip 32778		Country LAKE		Applied For Not Applicable	
Zip 32778		Country LAKE		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	TEMARES, MARK	3461 HARBOUR DRIVE	MOUNT DORA FL 32757
ST	TEMARES, MARK	3461 HARBOR DRIVE	MOUNT DORA FL 32757

200008752922  
 11/01/02--01026--022 \*\*158.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TEMARES, MARK 3461 HARBOUR DRIVE MOUNT DORA FL 32757		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent Mark Temares **SIGNATURE REQUIRED** Date 10-22-02  
 REGISTERED AGENT MUST SIGN

11. 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: Mark Temares **SIGNATURE REQUIRED** Date 10-22-02 Daytime Phone # 352-253-1418  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

***Kitchen Traditions, Inc.***

*1611 East Alfred Street Tavares, Florida 32778  
352-253-1418 Fax 352-253-1419*

*October 22, 2002*

*Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327*

*To Whom This May Concern:*

*Please find enclosed our form for reinstatement. We did not receive prior UBR notices.  
We have also enclosed payment of 150.00.*

*If you have any questions or need additional information please call me at  
352-253-1418.*

*Thank you for your assistance in this matter.*

*Sincerely:*

*Mark Tavares*

*Mark Tavares*

*Please note the change in address:*

*Kitchen Traditions, Inc.  
1611 East Alfred Street  
Tavares, FL 32778*