

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING REINSTATEMENT

APPLICATION
FOR *9596*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1996 NOV -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *637321*

1. Corporation Name

THE TABLE SETTING, INC.

Principal Place of Business

Mailing Address

c/o Anita Louise Kott
Seasons
1371 S. Ocean Blvd, Apt. 903
Pompano Beach, FL 33062

200002001232--2
-11/12/96--01001--003
****\$75.00 ****\$75.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

October 1, 1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-1941061

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P/T	Anita Louise Kott	1371 S. Ocean Blvd. Apt. 903	Pompano Beach, FL33062
D/V	Dana M. Kott	4321 W. McNab Rd.	Pompano Beach, FL 33069
D/S	Loren R. Kott	900 S.E. 6 St.	Ft. Lauderdale, FL 33301

REINSTATEMENT *9596*
12/11/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Anita Louise Kott
1371 S. Ocean Blvd., Apt. 903
Pompano Beach, FL 33062

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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.

Signature of
Registered Agent

Anita Louise Kott

Date Oct. 25, 1996

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Anita Louise Kott, President

10/25/96 954-783-9614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (12/95)