

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 DEC 23 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



FL

DOCUMENT # 848221

1. Entity Name
THE EDUCATIONAL INSTITUTE OF THE AMERICAN
CULINARY FEDERATION, INC.



Principal Place of Business
10 SAN BARTOLLA ST SR 312
PO BOX 3466
ST AUGUSTINE, FL 32086-5766

Mailing Address
10 SAN BARTOLLA ST SR 312
PO BOX 3466
ST AUGUSTINE, FL 32086-5766

2. Principal Place of Business
180 CENTER PLACE WAY
Suite, Apt. #, etc.

3. Mailing Address
180 CENTER PLACE WAY
Suite, Apt. #, etc.

12132004 REIN-NP CR2E099 (6/04)

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

Zip
32095

Country
USA

Zip
32095

Country
USA

4. FEI Number
38-2172192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PITTARO, TERRI
10 SAN BARTOLA DR.
ST. AUGUSTINE, FL 32085

7. Name and Address of New Registered Agent
Name
JANTSCH, DAWN
Street Address (P.O. Box Number is Not Acceptable)
180 CENTER PLACE WAY
City
ST. AUGUSTINE FL Zip Code
32095

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

(NOTE: Registered Agent signature required when reinstating)

600043672186
12-28-04--01035--004 **108.75

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEONARD, EDWARD G 10 SAN BARTOLA DR ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leonard, Edward G. 99 Biltmore Ave. Rye, NY 10580 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, MARK G 10 SAN BARTOLA DR ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wright, Mark G. 139 Cushing Place Buffalo, NY 14220 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTOR, GEORGE 10 SAN BARTOLA DR ST AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pastor George 11722 Spanish Lake Dr. Tampa, FL 33635 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VNE TAYLOR, JAMES 10 SAN BARTOLA DRIVE SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VNE Taylor, James 1758 Bluhm Rd. Columbus, OH 43223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSE PERROTTE, LOUIS 10 SAN BARTOLA DR SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSE Perrotte, Louis 6801 Tamarind Orlando, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ZEHNDER, JOHN 10 SAN BARTOLA DR SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Zehnder, John 515 Heine St. Frankenmuth, MI 48734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-20-04 Daytime Phone #