

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

97 NOV -3 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F02271

1. Corporation Name
TALLAHASSEE KITCHEN CENTER, INC.

Principal Place of Business 634 E. PARK AVE. P.O. BOX 18804 TALLAHASSEE FL 32301 US	Mailing Address 634 E. PARK AVE. P.O. BOX 18804 TALLAHASSEE FL 32301 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable 634 E PARK AVE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 634 E PARK AVE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 10/20/1980
City & State Tallahassee FL Zip 32301 Country US	City & State Tallahassee FL Zip 32301 Country US	5. FEI Number 59-2030796 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GRABOWSKI, PAUL M.	4444 WIDGEON WAY	TALLAHASSEE FL
VST	GRABOWSKI, SUSAN M.	4444 WIDGEON WAY	TALLAHASSEE FL
D	GRABOWSKI, SUSAN M.	4444 WIDGEON WAY	TALLAHASSEE FL
			500002337235--7 -11/04/97--01025--016 ****165.00 ****165.00 11/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRABOWSKI, PAUL M.
4444 WIDGEON WAY
TALLAHASSEE FL 32303

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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 *Paul M Grabowski*
REGISTERED AGENT MUST SIGN

Date October 31 - '97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for Information on Intangible tax.)

12. 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: Susan M Grabowski, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97 Date
904-561-1122 Daytime Phone #

CP2ED40 (8/97)