

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K86699**

1. Corporation Name
KOUNTRY KITCHEN OF KEY LARGO, INC.
99696 Overseas Highway
Key Largo, Florida 33037

Principal Place of Business
99696 Overseas Highway
Key Largo, FL 33037

Mailing Address
99696 Overseas Highway
Key Largo, FL 33037

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

May 9, 1989

5. FEI Number

65-0118360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DST	Ganim, Roseann	99696 Overseas Highway	Key Largo, FL 33037
DSP	Ganim, Lee G.	99696 Overseas Highway	Key Largo, FL 33037
DP	Ganim, Donald E.	99696 Overseas Highway	Key Largo, FL 33037
D	Ganim, Gregory D. GREGORY D.	99696 Overseas Highway	Key Largo, FL 33037

500002383905--8
-12/26/97-0113-004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

James S. Lupino
190360 Overseas Highway
Key Largo, Florida 33037

9. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
90130 Old Highway
Suite, Apt. #, Etc.

City

Tavernier,

State

FL

Zip Code

33070

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

REGISTERED AGENT MUST SIGN

Date

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

97 DEC 22 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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