

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K 87763

1. Corporation Name

Kitchen + Sons Inc

2. Principal Office Address

2744 Edison Ave

Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip

33916

Country

Lee

3. Mailing Office Address

2744 Edison Ave

Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip

33916

Country

Lee

REINSTATEMENT 05

FILED
05 NOV 18 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. RICHARDS (8705) 202038

4. Date Incorporated or Qualified
To Do Business in Florida

5-12-89

5. FEI Number

65-0135881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Terry Kitchen

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

2744 Edison Ave

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33916

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-16-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Terry Kitchen	2744 Edison Ave	Ft. Myers FL 33916
PSTD	Barbara Kitchen	2744 Edison Ave	Ft Myers FL 33916

10. 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

TERRY KITCHEN

Date

Daytime Phone #

239-337-4880