

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L73883

1. Corporation Name

CITY'S GOURMET, INC.

FILED

99 NOV 22 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

11024 4TH ST. NO.  
11401 NINTH STREET NORTH  
ST. PETERSBURG FL 33716-2310

Mailing Address

11024 4TH ST. NO.  
11401 NINTH STREET NORTH  
ST. PETERSBURG FL 33716-2310

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

05/10/1990 SP

5. FEI Number

50-3021494

Applied For

Not Applicable

6.

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	4 City / State / Zip
PD	JOHNSTON, STEVEN B.	11901 4TH ST. NO., #303	ST. PETERSBURG FL
SVT	JOHNSTON, RALPH E.	11901 4TH ST. NO., #116	ST. PETERSBURG FL
D	JOHNSTON, RALPH E.	11901 4TH ST. NO., #116	ST. PETERSBURG FL

200003060512--3  
-12/13/99-11035-013  
\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

JOHNSTON, STEVEN B.  
11401 NINTH STREET NORTH  
ST. PETERSBURG FL

9. Name and Address of New Registered Agent

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 607.0605, F.S.

Signature of  
Registered Agent

*Steven B. Johnston*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11-18-99

11. 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:

*Steven B. Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 11-18-99 (813) 229-7400  
Daytime Phone #

CR25040 (8/99)