

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 16 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L73883

1. Corporation Name

CITY'S GOURMET, INC.

Principal Place of Business

Mailing Address

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

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

11140 4th St. North

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11140 4th St. North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip 33716

Country Pinellas

City & State

St. Petersburg, FL

Zip 33716

Country Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

05/10/1990

5. FEI Number

50-3021494

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	
1	2	3	4
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

REINSTATEMENT 2000

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSTON, STEVEN B.

11401 NINTH STREET NORTH  
ST. PETERSBURG FL

Name

Johnston, Steven B.

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

313 23rd Ave North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

Signature of Registered Agent  
REGISTERED AGENT MUST SIGN

Date

10-12-00

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:

Signature of Signing Officer or Director  
Steven B. Johnston 10-12-00 (727) 577-6766

Date

Daytime Phone #