PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

**APPLICATION FOR** REINSTATEMENT



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L80044

1. Corporation Name

KITCHENS BY LENORE, INC.

Principal Place of Business

OJEDA, LINDA J. 1201 US HWY 1 SUITE 27 N PALM BEACH FL 33408

Mailing Address

OJEDA. UNDA J. 1201 US HWY 1 SUITE 27 N PALM BEACH FL 33408

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

3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.

Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

FILED

99 JAN -8 PM 2: 00

SECRETARY OF STATE TALLAMACSEE. FLORIDA

06/11/1990

Applied For

City & State City &		City & State	State		65-0200416		Not Applicable
Zip	Zip Country Zip		Country		CERTIFICATE OF STATUS DESIRED for a Certification		\$8.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each	Officer and/or Director (Flo	rida nonprofit corporation	s must list at le	ast 3 directors)	<u> </u>	,
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number			City / State / Zip	
Р	OJEDA, LINDA J.	1201 US HWY 1, STE. 27		N. PALM BEACH FL			
ST	OJEDA, ROBERT J		1201 US HWY 1, STE. 27		N. PALM BEACH FL		
		REINSTA	TEMENT	96	-98	15	1/11/99
						0000274 -01/14/99 ***1050.	22609  01100017  00 ***1050.00
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
Ulen	A. LINDA J.			Name			
סטבטת, בוויטת יי.			Street Address (P.O. Box Number is			is Not Acceptable)	

C/O KITCHENS BY LENORE, INC. 1201 US HIGHWAY 1, STE. 27 N. PALM BEACH FL 33408

Suite, Apt. #, Etc.

City

State 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

**从IRE REQUIRED** REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

Yes

(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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR