

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 17900005573

FILED
 02 OCT 30 PM 2:40

1. DOCUMENT # L99000005573
 Name and Mailing Address

0010209 01 FP 0.352 **PRSRT H7 0 0615 33904-747029
 THE SOAP KITCHEN, LLC
 1629 SE 41ST STREET
 CAPE CORAL FL 33904-7470

SECRETARY OF STATE
 FLORIDA
 700009843417
 10/29/02--01025--012 **150.00



2. New Mailing Address 1713 SW 10 th PL Cape Coral, FL 33991		4. State/Country of Formation FL	
Principal Place of Business 1629 SE 41ST STREET CAPE CORAL FL 33904		5. Date Organized or Qualified To Do Business in Florida 09/07/1999	
3. New Principal Place of Business Address 1713 SW 10 th PL Cape Coral, FL 33991		6. FEI Number 65-0945825	
8. Name and Address of Current Registered Agent ZINKE, CAROL J 1629 SE 41ST STREET CAPE CORAL FL 33904		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Carol J Vance Street Address (P.O. Box Number is Not Acceptable): 1713 SW 10 th PLACE City: Cape Coral, FL 33991			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: _____ Date: _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ZINKE, JOACHIM E	1629 SE 41ST STREET	CAPE CORAL FL 33904
MGRM	Vance, Carol J	1713 S.W. 10 th PL	Cape Coral, FL 33991
MGRM	ADMINISTRATIVE SOLUTIONS FOR COMMUNITY	1629 SE 41ST STREET	CAPE CORAL FL 33904
AL STATEMENT 2002			

CR2E084 (8/02)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Carol J Vance
 Date: 10/24/02
 Daytime Phone #: 239-242-2625

Typed or printed name of signing Managing Member/Manager