

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

UBR

1997-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 SEP 18 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M74475

1. Corporation Name

KITCHENIQUE INC

2. Principal Office Address

9375 HWY 98 W #7

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

DESTIN FL.

City & State

Zip

32550

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 3.30.88

5. FEI Number

59-2936673

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

VICKI E. MCCAIN

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

925 S. HWY 393

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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

Vicki E. McCain

Date

9.8.00

REGISTERED AGENT MUST SIGN

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
P	VICKI E. MCCAIN	925 S. HWY 393	SANTA ROSA BEACH FL 32459

600003419796-6

-10/09/00--01097--026

\*\*\*\*615.00 \*\*\*\*615.00

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:

Vicki E. McCain VICKI E. MCCAIN

9.8.00

Date

850-654-2679

Daytime Phone #