

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 OCT 30 AM 11:03

DEPT. OF STATE
HALLWAY

DOCUMENT # N14000010040

1. Corporation Name

Barbara's Kitchen School of Excellence, Inc.

2. Principal Office Address - No P.O. Box #

17050 N. US Hwy 301

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Citra, FL

City & State

Zip

32113

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
October 24, 2014

5. FEI Number

47-3684652

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

Barbara L. Fleming

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

5574 NW 61st Lane

Suite, Apt. #, Etc

City

Ocala

State

FL

Zip Code

34482

700278673767
10/30/15--01013--026 **236.25

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

Barbara Fleming

REGISTERED AGENT MUST SIGN

Date 10/29/2015

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	Barbara L. Fleming	5574 NW 61st Lane	Ocala, FL 34482
D	Minnie Thomas	17050 N. Hwy. 301	Citra, FL 32113
D	Ida Norman	17050 N. Hwy. 301	Citra, FL 32113
D	Rhoda Williams	17050 N. Hwy. 301	Citra, FL 32113
REINSTATEMENT			S. HAWKES
2015 —			NOV 2 - A.M.

10. E-mail Address: biplot@yahoo.com

(To be used for future annual report notification)

EXAMINER

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Barbara Fleming

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-2015

352-207-3104

Date

Daytime Phone #