

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

04 DEC 23 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002386

1. Entity Name
AMERICAN CULINARY FEDERATION-NATIONAL
CHAPTER, INC.



Principal Place of Business
10 SAN BARTOLA
ST. AUGUSTINE, FL 32086

Mailing Address
10 SAN BARTOLA
ST. AUGUSTINE, FL 32086

REINSTATEMENT 04



2. Principal Place of Business
180 Center Place Way
Suite, Apt. #, etc.

3. Mailing Address
180 Center Place Way
Suite, Apt. #, etc.

12132004 REIN-NP CR2E099 (6/04)

City & State
St. Augustine, FL
Zip 32095 Country USA

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St. Augustine, FL
Zip 32095 Country USA

4. FEI Number
59-3623638 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITTARO, TERRI L
10 SAN BARTOLA
ST. AUGUSTINE, FL 32086

7. Name and Address of New Registered Agent

Name JANTSCH, DAWN
Street Address (P.O. Box Number is Not Acceptable)
180 Center Place Way

City St. Augustine FL Zip Code 32095

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

300043672203
12/28/04--010357-004 ***708745

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CULLEN, NOEL C
STREET ADDRESS 10 SAN BARTOLA DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE ED ☒ Delete
NAME RHEA, WALTER S
STREET ADDRESS 10 SAN BARTOLA DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE SD ☒ Delete
NAME KINSELLA, JOHN
STREET ADDRESS 10 SAN BARTOLA DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE TD ☐ Delete
NAME PASTOR, GEORGE
STREET ADDRESS 10 SAN BARTOLA DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE TLF ☒ Delete
NAME PITTARO, TERRI L
STREET ADDRESS 10 SAN BARTOLA DR
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Pite, Reimund
STREET ADDRESS 1601 Country Club Dr.
CITY-ST-ZIP Orlando, FL 32804

TITLE DC ☐ Change ☒ Addition
NAME Leonard, Edward G.
STREET ADDRESS 99 Biltmore Ave.
CITY-ST-ZIP Rye, NY 10580

TITLE TB ☐ Change ☒ Addition
NAME Wright, Mark G.
STREET ADDRESS 139 Cushing Place
CITY-ST-ZIP Buffalo, NY 14220

TITLE SD ☒ Change ☐ Addition
NAME Pastor, George
STREET ADDRESS 11722 Spanish Lake Dr.
CITY-ST-ZIP Tampa, FL 33635

TITLE D ☐ Change ☒ Addition
NAME Zehnder, John
STREET ADDRESS 515 Heine St.
CITY-ST-ZIP Frankenmuth, MI 48734

TITLE D ☐ Change ☒ Addition
NAME Taylor, James
STREET ADDRESS 1758 Bluhm Rd.
CITY-ST-ZIP Columbus, OH 43223

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-20-04