PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 NOV 17 AM 10:48

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11/21/23--01028--003 **200.00

CR2E061 (11/10)

DOCUMENT # P00000006629

Corporation Name

Central Kitchen Inc.

Principal Office Address - No P O Box #		3. Mailing Office Address	
935 Orange Ave		935 Orange Ave	
e, Apt #, etc		Suite, Apt #, etc	
02		102	
& State		City & State	
Winter Park, FL		Winter Park, FL	
2789	Country USA	Zip 32789	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/21/2000

5. FEI Number 59 3620063 — 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**

me Richard Caccavello

eet Address (P O Box Number is Not Acceptable)
2230 Wembley Plc.

te, Apt #, Etc

Oviedo	State FL	Zip Code 32765

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

nature of
istered Agent _____ Date 11/7/2023

REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

les	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
res	Richard Caccavello	2230 Wembley Plc	Oviedo, FL 32765
ec	Cindy Caccavello	2230 Wembley Plc	Oviedo, FL 32765

E-mail Address: rick@centralkitchen.com

(To be used for future annual report notification)

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 einstatement 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 wed 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 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

GNATURE: _____ 11/7/2023 407 629 9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #