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 **300.00

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

Name: Richard Caccavello

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

Suite, Apt #, Etc:

City: 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

Signature of Registered 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)

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

E-mail Address: rick@centralkitchen.com

(To be used for future annual report notification)

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: _____ 11/7/2023 4076299366

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