

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JUL -2 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700021270027
07/02/03--01032--004 **1050.00

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000036686			
1. Corporation Name Simply Kitchen, Inc			
2. Principal Office Address 16335 Killearn Lane Suite, Apt. #, etc.		3. Mailing Office Address 16335 Killearn Lane Suite, Apt. #, etc.	
City & State Spring Hill FL		City & State Spring Hill FL	
Zip 34610	Country USA	Zip 34610	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/10/2000	
5. FEI Number 59-3638404	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Margaret M. Girton			
Street Address (P.O. Box Number is Not Acceptable) 16335 Killearn Lane			
Suite, Apt. #, Etc.			
City Spring Hill		State FL	Zip Code 34610

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: Margaret M. Girton Date: 6/29/03
 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
PD	Margaret M. Girton	16335 Killearn Lane	Spring Hill FL 34610
VSTD	Lynette D. Hendrickson	12814 Sugar Creek Blvd	Hudson FL 34669

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: Margaret M. Girton Date: 6/29/03 (727) 856-3492
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

7/7/03