

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000044604

**1. Corporation Name**

Kirk Plan Kitchens and  
Bath Fort Myers, Inc

**2. Principal Office Address**

11741 Metro Pkwy

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33912

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

5/1/00

**5. FEI Number**

59-3642946

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03

**7. Name and Address of Current Registered Agent**

Name

Les Gardi CPA

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

7061 E. S. Tamiami Trail

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34231

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9/30/03

**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.D.	Theresa I Cardin	1401 S.E. 17th St Fort Myers, FL 33901	Cape Coral FL 33990
V.P.	Peter Baldi	4032 Midland Rd Sarasota, FL 34231	Sarasota FL 34231

**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: *Theresa I Cardin* Theresa I. Cardin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/03 239 334-4328

Date

Daytime Phone #

CR2E081 (10/02)