

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000052139

1. Corporation Name

KEN & JACKIE'S FAMILY RESTAURANT & CATERING, INC

Principal Place of Business

139 N. HWY. 27
CLERMONT FL 34711

Mailing Address

8014 GROVEMONT ESTATES RD
GROVELAND FL 34736

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/2000

5. FEI Number

59-3642554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PITTS, JACQUELYN L	8014 GROVEMONT ESTATES RD.	GROVELAND FL 34736
VD	PITTS, KENNETH JR.	8014 GROVEMONT ESTATES RD.	GROVELAND FL 34736

100008806731
11/05/02--01059--015 **150.00

8. Name and Address of Current Registered Agent

PITTS, KENNETH JR.
139 N. HWY. 27
CLERMONT-FL-34711

9. Name and Address of New Registered Agent

Name Kenneth Pitts JR
Street Address (P.O. Box Number Is Not Acceptable)
8014 Grovemont Estates Rd
Suite, Apt. #, Etc.
City Groveland State FL Zip Code 34736

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Kenneth Pitts JR
REGISTERED AGENT MUST SIGN

Date 10-20-02

11. 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:

Kenneth Pitts JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Kenneth Pitts JR (V.P.) 10/20/02 352-429-0308
Date Daytime Phone #

To: Justin M. Stivers
From: Ken Pitts

I sent a letter with the form the
1st time stating I had not received
any prior reports. This was the 1st report
that I had received and it was given
to me by my neighbor. Please assist
me in reinstating my corporation. My
check for \$150.00 was sent with the letter.
Thanks

Ken Pitts