

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 -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088578

1. Corporation Name

M.S.K. GOURMET INC.

Principal Place of Business

3084 TAMiami TRAIL NORTH
NAPLES FL 34103

Mailing Address

3084 TAMiami TRAIL NORTH
NAPLES FL 34103

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

09/19/2000

5. FEI Number

59-3671197

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	KATZ, MICHAEL S	7525 STONEYBROOK DRIVE #941	NAPLES FL 34103
D	KATZ, STEPHEN B	16530 TIMBERLAKES DRIVE	FORT MYERS FL 33908

9000008760049
11/01/02--01073--009 **150.00

8. Name and Address of Current Registered Agent

LUMSDEN, DENNIS J
6719 WINKLER ROAD SUITE 121
FORT MYERS FL 33919

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-28-02 239-261-2599

Date

Daytime Phone #

CR20040 (8/02)



ROSEMARY LANE
c a f é

**3084 Tamiami Trail N.
Naples, FL 34103
(239)261-2599**

October 28, 2002

Gentlemen:

**Please find enclosed Application for Reinstatement for M.S.K.
Gourmet Inc., along with a check for \$150.**

Prior UBR notices were not received.

Stephen B. Katz