

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000110181

Entity Name: IMPERIAL KITCHENS, INC.

**FILED**  
**Oct 17, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

4637 VINCENNES COURT  
CAPE CORAL, FL 33904

## **New Principal Place of Business:**

12090 LUCCA ST  
201  
FORT MYERS, FL 33966

## **Current Mailing Address:**

4637 VINCENNES COURT  
CAPE CORAL, FL 33904

## **New Mailing Address:**

12090 LUCCA ST  
201  
FORT MYERS, FL 33966

FEI Number: 65-1059521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ABRAHAM, SZILARD  
5223 SW 20 PLACE  
CAPE CORAL, FL 33914 US

## **Name and Address of New Registered Agent:**

ABRAHAM, SZILARD  
12090 LUCCA ST  
201  
FORT MYERS, FL 33966 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SZILARD ABRAHAM

10/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ABRAHAM, SZILARD  
Address: 5223 SW 20 PLACE  
City-St-Zip: CAPE CORAL, FL 33914

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ABRAHAM, SZILARD  
Address: 12090 LUCCA ST 201  
City-St-Zip: FORT MYERS, FL 33966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SZILARD ABRAHAM

OWNE

10/17/2009

Electronic Signature of Signing Officer or Director

Date