

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000013560**

1. Corporation Name

NEW KITCHEN DESIGNS, INC.

Principal Place of Business

Mailing Address

4222 FOWLER STREET STE #3
FT MYERS FL 33916

4222 FOWLER STREET STE #3
FT MYERS FL 33916

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

65-1077416

☒ 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
DPS	MAYER, VERNON	4222 FOWLER STREET STE #3	FT MYERS FL 33916
DVT	MAYER, SHERRI	4222 FOWLER STREET STE #3	FT MYERS FL 33916

000038896070
07/08/04--01055--009 **950.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BOWERS, ROBERT L~~

~~23 COLORADO ROAD~~

~~LEHIGH ACRES FL 33996~~

Name

DAVID W. CANY

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

1325 C Del Prado Blvd.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33990

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

6/17/04

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-04 239-277-7343

CR2040 (7/03)