

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P01000034759**

1. Corporation Name

LEICHT KITCHEN CORPORATION

c/o Wieseneck, Andres & Company, P.A.

2. Principal Office Address

772 U.S. Highway 1

3. Mailing Office Address

772 U.S. Highway 1

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

~~REINSTATEMENT~~
~~REINSTATEMENT~~ 03

11/25/03 01059 021 \$750.01

4. Date Incorporated or Qualified
To Do Business in Florida

4/05/01

5. FEI Number

364433293

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Wieseneck

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

772 U.S. Highway 1

Suite, Apt. #, Etc.

Suite 100

City

North Palm Beach

State

FL

Zip Code

33408

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

Date

12/15/03

REGISTERED AGENT MUST SIGN

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
C	Herr H. Barth	Leicht Kuchen AGPost	Waldesetten, Germany d-735-8
SSD	Herr S Waldenmaier	AG Post Fachen 60	Waldesetten, Germany d-735-8

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/03

Daytime Phone #

CR2E081 (10/02)