

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P01000066573**

1. Corporation Name

KATIE-ZOY, INC.

Principal Place of Business

**5412 TANGERINE AVE.
WINTER PARK FL 32792**

Mailing Address

**5412 TANGERINE AVE.
WINTER PARK FL 32792**

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

2. New Principal Office Address, If Applicable

2918 N ORANGE AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32804

Country

ORANGE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2001

5. FEI Number

58-12-186-13

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ORTHODOXOU, MARIE	5412 TANGERINE AVE.	WINTER PARK FL 32792

8. Name and Address of Current Registered Agent

**ORTHODOXOU, MARIE
5412 TANGERINE AVE.
WINTER PARK FL 32792**

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

Marie Orthodoxou
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/5/02

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:

Marie Orthodoxou
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BUSINESS 407 898-2151

12/5/02
407 657 9616

CR2E040 (8/02)

1/6/02

HOME ADDRESS *page 2*
5412 TANGELINE AVE
WINTER PARK FL
32792

ANTHELMAN GARDEN CAFE
2918 N ORANGE AVE
WINTER PARK FL

REF # P01000066573

To Whom it May Concern.

This is to verify that I did not receive
the First or Second Annual Report forms
in 2002 Please waive all Penalties as it is Not
My Fault.

2nd TIME IVE PAID 150.00 X \$75 DOLLARS FOR A CERTIFICATE OF
STATUS

Thanking you kindly,

Marie Ethelene