


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000024315

1. Corporation Name

Kitchen magician, Inc

REINSTATEMENT 2010-12

2. Principal Office Address - No P.O. Box #

416 E. Brownlee St.

Suite, Apt #, etc

3. Mailing Office Address

4237 Langy Acre Rd

Suite, Apt #, etc.

City & State

Starke, FL

City & State

Middleburg FL

Zip

32091

Country

USA

Zip

32068

Country

USA

7. Name and Address of Current Registered Agent

Name

Christopher Hedden

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

4237 Langy Acre Rd

Suite, Apt. #, Etc

City

Middleburg

State

FL

Zip Code

32068

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

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
P	Hedden, Christopher	4237 Langy Acre Rd.	Middleburg FL 32068
VP	Hedden, Christopher JR	4927 Joan Ave.	Middleburg FL 32068

10. E-mail Address:

Kitchenmagicianine@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Chris Hedden

Christopher Hedden

11-12-12904-271-9077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2B081 (11)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

94-3424777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100241875191
11/16/12-01008-013 **1085.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 16 AM 9:27

FILED

11/16/12