

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 16 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027393

1. Corporation Name

RHYTHM & ROOTS JUICE BAR, INC.

Principal Place of Business

Mailing Address

111 NORTH M STREET
LAKE WORTH FL 33460

111 NORTH M STREET
LAKE WORTH FL 33460



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	TOMASINI, JEREMIAH	111 NORTH M STREET	LAKE WORTH FL 33460
New Owner	Kathleen Hicks	111 North M Street	Lake Worth FL 33460

900023856999
10/16/03--01054--022 **150.00

Stokes

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TOMASINI, JEREMIAH
111 NORTH "M" STREET
LAKE WORTH FL 33460

Name
Kathleen Nienne Hicks
Street Address (P.O. Box Number is Not Acceptable)
111 North "M" Street
Suite, Apt. #, Etc.
#

City

Lake Worth

State

FL

Zip Code

33460

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

Kathleen Nienne Hicks
REGISTERED AGENT MUST SIGN

Date 10-7-03

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:

Kathleen Nienne Hicks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-03 561-588-2801
Date Daytime Phone #

CR2E040 (7/03)

Rhythm-N Roots
41 North M. Street Lake Worth FL 33460
11-11-03

To The Dep of State
This notice is the first
I have received.

I ~~did~~ was not aware of
the taxes due.

I am please asking you to
waive all fees due.

I will make all attump to
avoid this from happening
again.

Thank You!
Kathleen Hicks
Owner