

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

020575744

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TOMASINI, JEREMIAH	111 NORTH M STREET	LAKE WORTH FL 33460
<i>New Owner</i>	<i>Kathleen Hicks</i>	<i>111 North M Street</i>	<i>Lake Worth FL 33460</i>

900023856999
 10/15/03--01054--022 **150.00

Hicks

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-Plome-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 Plome Hicks

Date *10-7-03*

REGISTERED AGENT MUST SIGN

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 Plome 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 attempt to
avoid this from happening
again.

Thank You!
Kathleen Hicks
Owner