

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P02000032041**

1. Corporation Name

**KITCHEN ARCHITECTURE, INC.**

Principal Place of Business

Mailing Address

**16164 NW 21 ST  
PEMBRONE PINES FL 33028**

**16164 NW 21 ST  
PEMBRONE PINES FL 33028**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/22/2002**

5. FEI Number

**02-0581594**

Applied For

Not Applicable

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
P	VAN DE VIER, CHSRITOPHER	16164 NW 21 ST	PEMBRONE PINES FL 33028

**200024475122  
11/05/03--01015--006 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**VAN DE VIER, CHRISTOPHER  
16164 NW 21 ST  
PEMBRONE PINES FL 33028**

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**11/05/03**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11/05/03**

Daytime Phone #

CR2E040 (7/03)

Kitchen Architecture inc.

**Poliform**

To Whom It May Concern:

I never received any uniform business reports. I would have sent anything that was necessary for my corporation. This is my first year with my own corporation and new business so this is all new to me. I spoke with someone at your office and they informed me that I must write this letter along with a Check for \$150.00 for reinstatement. Please find the enclosed check and please update my status as I cannot get my workman's compensation card until they see that it is active. I over nighted this as I cannot collect final payment on a job until I show proof of this. I hope it is possible to reinstate this tomorrow. I will follow up with a call.

Thanks for your help in this matter, Christopher van de vier



President, Kitchen Architecture Inc.