

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 # **P02000040804**

Corporation Name

KIM'S CABBAGE PATCH, INC.

Principal Place of Business

511 WEST HWY. 50
CLERMONT FL 34711

Mailing Address

511 WEST HWY. 50
CLERMONT FL 34711

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/2002

5. FEI Number

75-3015626

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
PST	FIELDING, KIMBERLY C	3801 UPLAND PLACE	VALRICO FL 33594
V	BASTING, ANGIE S	3801 UPLAND PLACE	VALRICO FL 33594
PST	Fielding, Kimberly C	144 SE 1st St.	Webster FL 33597
V	Basting, Angie S	144 SE 1st St.	Webster FL 33597
			100037942511 06/14/04--01060--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FIELDING, KIMBERLY C
~~3801 UPLAND PLACE~~
~~VALRICO FL 33594~~

Name

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

144 SE 1st St.

Suite, Apt. #, Etc.

City

Webster

State

FL

Zip Code

33597

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]
REGISTERED AGENT MUST SIGN

Date

6-9-04

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-9-04

Daytime Phone #

CR2E040 (7/03)

TO: Div. of Corporations

From: Kim Fiedling

Kim's Cabbage Patch INC.

FET # 75-3015626

PLEASE REINSTATE my corporation for
the past 2 years - I did not know
this was a yearly form I needed
to do and my mail was being sent
to the previous owner - which was
never sent to me until 3 months ago.
PLEASE MAKE SURE everything under
my FET # is sent to 511 W. Hwy 50

Clermont Fl. 34711 phone # 352-394-4119.

There should not be a corp. under
Cabbage Patch to my understanding now.

Thank you

