

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 13 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000093898

1. Corporation Name

H. Howe of Kakes, Inc

2. Principal Office Address

8029 GARDNER RD.

3. Mailing Office Address

PO BOX 261912

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33625

Country

Hillsborough

Zip

33685

Country

Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

8-28-02

5. FEI Number

55-0794182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RYAN A. CUARTERO

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

8029 GARDNER RD.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

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

Ryan A. Cuartero

Date

4-20-04

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	RYAN A. CUARTERO	8029 GARDNER RD.	Tampa, FL 33625
A	RYAN A. CUARTERO	8029 GARDNER RD.	Tampa, FL 33625

10. 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:

Ryan A. Cuartero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYAN A. CUARTERO

Date

4-20-04 (813)920-5516

Daytime Phone #

CR2E081 (01/04)



HOUSE OF KAKES, INC.

"Where Elegance & Taste is a Must"
P.O. Box 261912 • Tampa, FL 33685
(813) 920-5516

4-20-04

BEING THAT I NEVER RECEIVED THE U.B.R. FORMS,
I lost my Corp. stat.
I am submitting this written request for the waiver
of the \$600.00 reinstatement fee.

Yours Truly

RYAN J. CARTER
PRESIDENT
