


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000103435	
1. Entity Name INNOVATIVE KITCHEN SOLUTIONS, INC.	

Principal Place of Business 3908 MARINE PARKWAY NEW PORT RICHEY, FL 34652	Mailing Address PO BOX 3707 HOLIDAY, FL 34692
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 2221
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State New Port Richey, FL
Zip	Country USA

**FILED**  
09 MAY -1 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500155016745  
05/01/09--01016--004 \*\*900.00

**REINSTATEMENT** 08-09

4. FEI Number  
45-0486826

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SUMMERS, WENDY J 3908 MARINE PARKWAY NEW PORT RICHEY, FL 34652	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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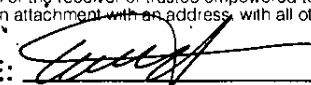
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$900.00</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUMMERS, WENDY J 3908 MARINE PARKWAY NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  WENDY J. SUMMERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-09 727-808-6622  
Date Daytime Phone #