

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 13 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000125973**

1. Corporation Name

**THE CAKE BOUTIQUE INC.**

Principal Place of Business

14593 SOUTHERN BLVD.  
LOXAHATCHEE FL 33470

Mailing Address

14593 SOUTHERN BLVD.  
LOXAHATCHEE FL 33470

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

11/27/2002

5. FEI Number

75-3089263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT

03

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
D	ODOM, KATHY	12359 OLD COUNTRY RD.	WELLINGTON FL 33414
D	DUKE, JUDY	2340 B RD.	LOXAHATCHEE FL 33470
v/s/D	Duke, Judy	2340 B Rd.	Loxahatchee FL 33470
p/t/D	Odom, Kathy	12359 Old Country Rd	Wellington, FL 33414
500023760075 10/13/03--01090--015 **750.00			

8. Name and Address of Current Registered Agent

ODOM, KATHY  
14593 SOUTHERN BLVD.  
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name

Judy Duke

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

14593 Southern Blvd.

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

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

Judy Duke

REGISTERED AGENT MUST SIGN

Date 10/9/03

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:

Kathy Odom Kathy Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 561-790-0052

Daytime Phone #

CR2E040 (7/03)