

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


08 JUL 16 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/16/08--01032--012 **458.75

REINSTATEMENT 06-08

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000052942

1. Corporation Name
A1Kitchens Inc.

2. Principal Office Address - No P.O. Box # 3123 Queen Palm Dr. Suite, Apt. #, etc.		3. Mailing Office Address 3123 Queen Palm Dr. Suite, Apt. #, etc.	
City & State Edgewater FL.		City & State Edgewater FL.	
Zip 32141	Country usa	Zip 32141	Country usa

4. Date Incorporated or Qualified To Do Business in Florida 05/13/03

5. FEI Number 850488780 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven Tatro

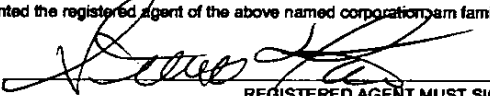
Street Address (P.O. Box Number is Not Acceptable)
3123 Queen Palm Dr.

Suite, Apt. #, Etc.

City Edgewater State FL Zip Code 32141

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

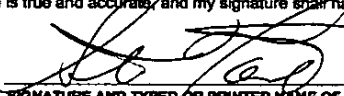
Signature of Registered Agent  Date 07/01/08

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
preside	Steven Tatro	3123 Queen Palm Dr.	3123 Queen Palm Dr.
vice pr	Jennifer Tatro	3123 Queen Palm Dr.	3123 Queen Palm Dr.

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 contained in Chapter 119, 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:  Steven Tatro 01/01/08 386-233-7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #