

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 APR 15 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03-77151**
1. Corporation Name
LIMITED EDITIONS KITCHEN SHOWROOM, INC.

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box # 299 W. GRANADA BLVD. Suite, Apt. #, etc. SUITE A City & State ORMOND BEACH, FL Zip 32174 Country USA		3. Mailing Office Address 299 W. GRANADA BLVD. Suite, Apt. #, etc. SUITE A City & State ORMOND BEACH, FL Zip 32174 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 07/07/2003	
5. FEI Number 20-0096589	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DANIEL J. WEBSTER			
Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BOULEVARD			
Suite, Apt. #, Etc. SUITE 360			
City DAYTONA BEACH	State FL	Zip Code 32118	

☒ 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 04/10/08
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
D	AKINS, TIM	299 W. GRANADA BLVD., SUITE A	ORMOND BEACH, FL 32174

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:	4-11-08 386-295-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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