

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 MAR 30 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000131053

1. Corporation Name

Gourmet Mom's, Inc.

2. Principal Office Address - No P.O. Box #

6847 North 9th Ave.

3. Mailing Office Address

6847 North 9th Ave.

Suite, Apt. #, etc.

Suite A, # 364

Suite, Apt. #, etc.

Suite A, # 364

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32504

Country

USA

Zip

32504

Country

USA

900147976593

03/30/09--01045--020 \*\*750.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/05

5. FEI Number  
20-3529378

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

Jennifer Sue Shattuck

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

6847 North 9th Avenue

Suite, Apt. #, Etc.

Suite A, # 364

City

Pensacola

State

FL

Zip Code

32504

☒ 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 03/01/09

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	Jennifer Sue Shattuck	6847 North 9th Avenue, Ste.A, # 364	Pensacola, Fl. 32504
VP	Leslie E. Howell	1667 Page Street	San Francisco, CA
C	Mattheus Kurnick	1667 Page Street	San Francisco, CA

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:

*J. Sue Shattuck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/09

Date

850.572.6706

Daytime Phone #