

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000003755

Entity Name: HOMEMADE SOUP KITCHEN, INC.

FILED  
Oct 17, 2009  
Secretary of State

**Current Principal Place of Business:**

17 N. VILLAGE DRIVE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

17 N. VILLAGE DRIVE  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 26-1716885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, SARA  
17 N. VILLAGE DRIVE  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: SARA RICHARDSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RICHARDSON, SARA  
Address: 17 N. VILLAGE DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: RICHARDSON, SARA  
Address: 17 N. VILLAGE DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: SEC ( ) Delete  
Name: RICHARDSON, SARA  
Address: 17 N. VILLAGE DRIVE  
City-St-Zip: PALM COAST, FL 32137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA RICHARDSON

Electronic Signature of Signing Officer or Director

PRES

10/17/2009

Date