

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000008064

FILED
Nov 16, 2009
Secretary of State

Entity Name: THE AXIOM KITCHEN COMPANY

Current Principal Place of Business:

507 W. DUVAL ST.
LAKE CITY, FL 32055

New Principal Place of Business:

768 SW WALTER AVE
LAKE CITY, FL 32024

Current Mailing Address:

PO BOX 273
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 77-0710980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAHEEN, DANIEL
768 SW WALTER AVE
LAKE CITY, FL 32024 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: DANIEL SHAHEEN

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: SHAHEEN, DANIEL
Address: PO BOX 273
City-St-Zip: LAKE CITY, FL 32056

Title: VP () Delete
Name: NICOLAS, RIMERT
Address: 138 SW OAKWOOD CT.
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIEL SHAHEEN

P

11/16/2009

Electronic Signature of Signing Officer or Director

Date