

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025668

1. Corporation Name

KITCHEN CREATIONS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~1300 WESTCHESTER DR. E.~~
~~WEST PALM BCH FL 33417~~
US

~~1300 WESTCHESTER DR. E.~~
~~WEST PALM BCH FL 33417~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

12605 TimberPine Tr.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12605 TimberPine Tr.
Suite, Apt. #, etc.

City & State
Wellington FI
Zip
33414
Country
USA

City & State
Wellington FI
Zip
33414
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1995

5. FEI Number

65-0574132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRA	CHIRICHELLO, RUTH M	5362 BONKY COURT 12605 TimberPine Tr.	WEST PALM BEACH FL 33415 Wellington FI 33414
VP	CHIRICHELLO, VINCENT	5362 BONKY COURT 12605 TimberPine Tr.	WEST PALM BEACH FL 33415 Wellington FI 33414

700023865417
10/16/03--01092--011 **150.00

8. Name and Address of Current Registered Agent

CHIRICHELLO, RUTH M
~~1300 WESTCHESTER DR E~~ 12605 TimberPine Tr.
~~WEST PALM BCH FL 33417~~ Wellington FI 33414

9. Name and Address of New Registered Agent

Name

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

12605 TimberPine Tr.
Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ruth M. Chirichello
REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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 under section 119.07(3)(i), 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:

Ruth M. Chirichello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-03 (561) 791-3230
Date Daytime Phone #

CR2E040 (7/03)

10-13-03

Kitchen Creations of Fla., Inc.
12605 Timber Pine Tr.
Wellington Fl 33414

ATTN: Florida Department of State

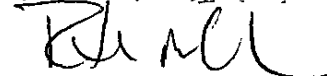
RE: P95000025668

Kitchen Creations moved on 12-20-02. I put a change of address in and a forwarding address in with the post office. I have not been receiving some of my mail. The owner of my previous address finally contacted me on 10-11-03 with the Administrative Dissolution notice.

I called (850) 245-6059 and the woman I spoke to told me to send this form with the new address information and \$150.00 and a letter explaining why I am late paying the renewal.

Please contact me with any problems and/or information I need to move forward with this.

Thank You,



Ruth Chirichello

561-791-3230