PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

3. New Mailing Office Address, If Applicable

Country

P95000051255 DOCUMENT #

1. Corporation Name

KITCHEN CRAFTERS, INC.

2. New Principal Office Address, If Applicable

Country

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

Suite, Apt. #, etc.

City & State

Ζip

540 N. STATE ROAD 434; SUITE 16 ALTAMONTE SPRINGS FL 32714

302 BLACK GUM TRAIL LONGWOOD FL 32779

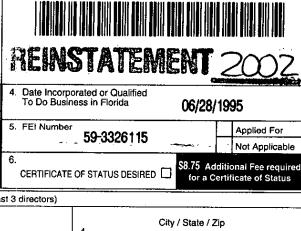
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. 种种种种产生

FILED

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SLONETARY OF STATE TALLAHASSEE, FLORIDA



7. Names	and Street Addresses of Each Officer and/or Director	(Florida nonprofit corpora	tions must list at least	3 directors)	
Title(s)	Name of Officers and/or Directors		eet Address of Each icer and/or Director		City / State / Zip
D	KNOWLES, JAMES V JR	302 BL	ACK GUM COD FL	TRAIL	ALTAMONTE SPRINGS FL=3274
		LONGU	COD FL		32779
				60 (10/25/0	0008592196 1201050005 **750.00
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent		

Name

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

Suite, Apt. #, Etc.

302 BLACK GUM

KNOWLES, JAMES V JR

540 N. STATE ROAD 434; SUITE 16 ALTAMONTE OPRINGS FE 32744

LONGWOOD

City

State Zip Code FI

10. 1, 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



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 407 7880 Date Daytime Phone #