

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000051255

1. Corporation Name

KITCHEN CRAFTERS, INC.

FILED 02 OCT 25 PM 5:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

302 BLACK GUM TRAIL LONGWOOD FL 32779 US

Handwritten initials



REINSTATEMENT 2002

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3326115

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes handwritten entries for James V. Knowles, Jr.

600008592196 10/25/02--01050--005 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KNOWLES, JAMES V JR. 540 N. STATE ROAD 434, SUITE 16 ALTAMONTE SPRINGS FL 32714 302 BLACK GUM TRAIL LONGWOOD, FL 32779

Name

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

Suite, Apt. #, Etc.

City

State FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

10/21/02

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)(f), 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:

JAMES V. KNOWLES, JR. SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02

Date

Daytime Phone #

407 788 0560