

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052388

1. Corporation Name

D. & L. KITCHEN ART DESIGN, INC.

Principal Place of Business

Mailing Address

1496 SW 98TH LANE
DAVIE FL 33324

1496 SW 98TH LANE
DAVIE FL 33324



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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

5401 NW 102 AVE.

3. New Mailing Office Address, If Applicable

5401 NW 102 AVE

Suite, Apt. #, etc.

141

Suite, Apt. #, etc.

141

City & State

SUN RISE

FL

City & State

SUN RISE

FL

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1995

5. FEI Number

65-0607362

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LEFEBVRE, ANDRE	1406 SW 98TH LANE 5401 NW 102 ND AVENUE #141	DAVIE FL 33324 SUN RISE FL 33351
			200003493302--6
			12/11/00 01036 012
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

JOLLY, BRUCE W ESQ.
1322 SE THIRD AVENUE
FORT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

ANDRE LEFEBVRE

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

5401 NW 102ND AV

Suite, Apt. #, Etc.

141

City

33351 SUN RISE

State

FL

Zip Code

33351

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.

Signature of
Registered Agent

[Signature]

Date

10/19/00

REGISTERED AGENT MUST SIGN

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00 954-749-9191

Daytime Phone #

CR2E040 (8/00)