

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 13 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059032

1. Corporation Name  
GOURMET EVERY DAY, INC.

*WARREN RICHARD*

Principal Place of Business  
614 EAST LIVINGSTON STREET  
ORLANDO FL 32803

Mailing Address  
614 EAST LIVINGSTON STREET  
ORLANDO FL 32803



REINSTATEMENT 96-98  
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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  
07/28/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59. 3353911

Applied For  
Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$875 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	ROSEMARY WARREN	614 E. LIVINGSTON	ORLANDO, FL 32803
SECY / PRES	RICHARD WARREN	614 E. LIVINGSTON	ORLANDO, FL 32803

8. Name and Address of Current Registered Agent

WARREN, RICHARD  
614 EAST LIVINGSTON STREET  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  FL Zip Code

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

*Richard Warren*  
THE REGISTERED AGENT MUST SIGN

Date 8-20-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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: *Richard D. Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-98 407-831-3672  
Date Daytime Phone #

CPRE040 (7/96)