

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000066104

THE CHICKEN KOOP CAFE, INC.

Principal Place of Business
2304 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

Mailing Address
2304 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

2. New Principal Office Address, If Applicable
2083 WEST Edgewood AVE.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
P.O. Box 12931
Suite, Apt. #, etc.

City & State Jacksonville FL.	
Zip 32209	Country DIVA

City & State	JACKSONVILLE	FL
Zip	32209	Country DANA

4. Date Incorporated or Qualified To Do Business in Florida **08/25/1995**

5. FEI Number **59-3330850**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

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
DP	CORBITT, JOHN M	2304 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
DVT	BLUE, GREGORY B	2304 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
DVS	EVANS, KEITH C	2304 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
			600002337776--9
			-11704/97--01064--017
			****750.00 ****750.00
			600002337776--9

CORBITT, JOHN M
2304 WEST EDGEWOOD AVENUE
JACKSONVILLE FL 32209

9. Name and Address of New Registered Agent
*****8.75 *****8.75

Name *******8.15 ****
Corbitt, John M.
Street Address (P.O. Box Number is Not Acceptable)
2083 WEST EDGEMOOD AVENE
Suite, Apt. #, Etc.

City	Locksbourne	State	FL	Zip Code	32208
------	-------------	-------	----	----------	-------

Signature of Registered Agent [Signature] Carlett
REGISTERED AGENT MUST SIGN

Date 10.26.97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: John M. Corbitt John M. Corbitt Pres 10-26-97 9047688899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #