

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09  
APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 30 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000066104

1. Corporation Name

THE CHICKEN KOOP CAFE, INC.

Principal Place of Business

Mailing Address

2083 WEST EDGEWOOD AVENUE  
JACKSONVILLE FL 32209

P.O. BOX 12931  
JACKSONVILLE FL 32209



REINSTATEMENT 09

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

08/25/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3330850

Not Applicable

Zip

County

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CORBITT, JOHN M	2304 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209
DVT	BLUE, GREGORY B	2304 WEST EDGEWOOD AVENUE	JACKSONVILLE FL 32209

000003099160--8  
-01/14/00--01072--015  
\*\*\*\*750.00 \*\*\*\*750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORBITT, JOHN M  
2083 WEST EDGEWOOD AVENUE  
JACKSONVILLE FL 32209

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date Dec 18 1999

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

JOHN M. CORBITT

12/18/1999

Date

904  
699-0572

Daytime Phone #

CR2E040 (1/99)