

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 OCT 24 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073225

1. Corporation Name

MASTER'S KITCHEN GALLERY OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

2636 OLD OKEECHOBEE ROAD
W. PALM BEACH FL 33409

2636 OLD OKEECHOBEE RD
WEST PALM BCH FL 33409
US



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

09/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0609973

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	KIMBALL, RONALD R	2636 OLD OKEECHOBEE ROAD	W. PALM BEACH FL 33409
VP	LUCAS, MICHAEL	2636 OLD OKEECHOBEE RD	W PALM BCH FL 33409

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIMBALL, RONALD R
2636 OLD OKEECHOBEE RD
W PALM BCH FL 33409

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

Ronald R Kimball
REGISTERED AGENT MUST SIGN

Date 10/20/00

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:

Ronald R Kimball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00
Date

561-688-9625
Daytime Phone #

CR2E040 (8/00)