

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073225

1. Corporation Name

MASTER'S KITCHEN GALLERY OF PALM BEACH, INC.

Principal Place of Business

2636 OLD OKEECHOBEE ROAD
W. PALM BEACH FL 33409

Mailing Address

2636 OLDOKEECHOBEE 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1995

5. FEI Number

65-0609973

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

100009177491
11/22/02 01098 006 **150.00

8. Name and Address of Current Registered Agent

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Ronald Kimball
REGISTERED AGENT MUST SIGN

Date 10/22/02

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

10/22/02

Date

407-568-2880

Daytime Phone #

CR2E040 (8/02)

Masters Kitchen Gallery

of Palm Beach, Inc.

2636 Old Okeechobee Road

West Palm Beach, FL 33409

Phone: (561) 688-9625

FAX: (561) 688-9080

November 19, 2002

Florida Department of State
Annual Report/ Reinstatement Section
P.O. Box 6327

Tallahassee, FL 32314-6327

Enclosed is the reinstatement form for Masters Kitchen Gallery of Palm Beach and a check for \$150.00.

To The best of my knowledge we have not received the original form, nor a reminder notice. I have also checked with my office manager and accountant. They have not seen the report form either. We did not receive them.

Please reinstate Masters Kitchen Gallery.

Sincerely,



Ronald Kimball
President