

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

96 DEC 30 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000082964**

1. Corporation Name

KITCHEN & BATH OUTLET STORE, INC.

Principal Place of Business

1656 SO. FISKE BLVD.
ROCKLEDGE FL 32955

Mailing Address

1656 SO. FISKE BLVD.
ROCKLEDGE FL 32955

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1995	
City & State		City & State		5. FEI Number	
Zip		Country		59-3362259	
				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)

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
D	CRAWLEY, RICHARD	1600 WOODLAND DRIVE STE 8108	ROCKLEDGE FL 32955
D	CRAWLEY, ALICE	1600 WOODLAND DRIVE STE 8108	ROCKLEDGE FL 32955

400002045334--2
01703737 01134 013
****383.75 ****383.75

JB12-31-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CRAWLEY, RICHARD 1656 SO. FISKE BLVD. ROCKLEDGE FL 32955		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		FL	

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/15/96

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)
11/15/96 690-0003
Date Daytime Phone #