

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV -6 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000084376**

1. Corporation Name

**PHILADELPHIA KITCHEN, INC.**

Principal Place of Business

2275 ATLANTIC BLVD  
NEPTUNE BEACH FL 32206

Mailing Address

ATTN: M. Sorrell LL  
2275 ATLANTIC BLVD  
NEPTUNE BEACH FL 32206



**REINSTATEMENT** *Me*

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

10/31/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3344777

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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	MARKIDES, COSTAS	543A INDUSTRIAL PKWY	YEADON PA 19050
D	HIONIDES, CHRIS	2275 ATLANTIC BLVD	NEPTUNE BEACH FL 32206
Sec.	M. Sorrell, MARY	2275 ATLANTIC Blvd.	Neptune Bch, FL
			32206
			600002000066-1
			11/08/96-01027-001
			***375.00 ***375.00
			JB11-7-96

8. Name and Address of Current Registered Agent

SORRELL, MARY C  
2275 ATLANTIC BLVD  
NEPTUNE BEACH FL 32206

9. Name and Address of New Registered Agent

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

*Mary Sorrell*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date *9/18/96*

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:

*Mary Sorrell*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/18/96*  
Date

*(904)*  
*841-1501*  
Phone