

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

REINSTATEMENT 1996

FILED

98 NOV -8 AM 9:34

11-14-96

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097065

1. Corporation Name

GOURMET ON THE WAY, INC.

Principal Place of Business

Mailing Address

171 COMMERCIAL BLVD SUITE 25
NAPLES FL 33942

171 COMMERCIAL BLVD SUITE 25
NAPLES FL 33942

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

12/18/1985

5. FEI Number

☒ Applied For
☐ Not Applicable

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. Name(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
	John R Magill	849 7th Ave South Suite 203	Naples, FL 33940
	W. Robert Collins IV	849 7th Ave South Suite 203	Naples, FL 33940
	W. Robert Collins IV	President	
	John Magill	Vice President	

800002008508--2
-11/19/96--01144--011
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAGILL, JOHN R
171 COMMERCIAL BLVD SUITE 25
NAPLES FL 33942

Name

John R Magill

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

849 7th Ave South

Suite, Apt. #, Etc.

Suite 203

City

NAPLES, FL

State

Zip Code

33940

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

SIGNATURE REQUIRED

Date

11/17/96

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

Date

Daytime Phone #