

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

99 JAN 21 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049351

1. Corporation Name

GOURMET QUARTERS, INC.

Principal Place of Business

2601 LEPRECHAUN LANE  
PALM HARBOR FL 34683

Mailing Address

35246 U.S. 19 N.  
#222  
PALM HARBOR FL 34684



If above addresses are incorrect in any way, line through incorrect information and enter correction

**REINSTATEMENT**

98-99

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 Deadline  
To Do Business in Florida

06/10/1996

5. FEI Number

59-3384051

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
P	DALY, SUSAN W	2801 LEPRECHAUN LANE	PALM HARBOR FL 34683
VP	<del>BOOTHBY, TIMOTHY</del> MEYER, Stacey	<del>1424 SEAGULL DR., #306</del> 3201 Custer Dr.	<del>PALM HARBOR FL</del> Holiday, FL.
ST	<del>DALY, JOSEPH</del> HALL, Sandy	<del>2801 LEPRECHAUN LANE</del> 630 Lake Holloway Blvd.	<del>PALM HARBOR FL 34683</del> Lakeland, FL. 33801
BMO	<del>DALY, LEE ANN</del> SITTMAN, Stephanie	<del>55 W. 92ND ST., #2B</del> 228 Brookside Ct.	<del>NEW YORK NY 10025</del> Palm Harbor, FL. 34683
			34683
			500002751805--4
			-01/22/99--01087--022
			***750.00 ***750.00

8. Name and Address of Current Registered Agent

DALY, SUSAN W  
2801 LEPRECHAUN LANE  
PALM HARBOR FL 34683

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002751805--4

-01/22/99--01087--023

\*\*\*150.00 \*\*\*150.00

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

*Susan W. Daly* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *Dec. 30, 98*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*Susan W. Daly* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dec. 30, 98* (727) 787-0906