

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 NOV 21 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000067250

1. Corporation Name

IN THE KITCHEN, INC.

Principal Place of Business

11529 BASKERVILLE ROAD
JACKSONVILLE FL 32223

Mailing Address

11529 BASKERVILLE ROAD
JACKSONVILLE FL 32223

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

2. New Principal Office Address, If Applicable

880 HWY A1A

Suite, Apt. #, etc.

SUITE A13

City & State
PONTE VEDRA BEACH

Zip
32082

Country
USA

3. New Mailing Office Address, If Applicable

880 HWY A1A

Suite, Apt. #, etc.

SUITE A13

City & State
PONTE VEDRA BEACH

Zip
32082

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1996

5. FEI Number

59-3393634

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	REITER, ERIC	11529 BASKERVILLE ROAD	JACKSONVILLE FL 32223
D, U.P.	BEER, JEFFREY	11529 HALETHORPE DRIVE	JACKSONVILLE FL 32223
D, P	Delby Beer	11529 HALETHORPE DR.	JACKSONVILLE, FL 32223

8. Name and Address of Current Registered Agent

MORGAN, ROBERT M
C/O FORD JETER & BOWLUS, P.A.
10110 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/19/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/19/97

Daytime Phone # 904-280-1140

CR250MG (8/97)