


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033722

1. Corporation Name
Fox Restaurant Equipment & Supply, INC.

2. Principal Office Address 1634 Northgate Blvd.		3. Mailing Office Address 1634 Northgate Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, Florida		City & State Sarasota Florida	
Zip 34234	Country USA	Zip 34234	Country USA

300023653903
10/09/03--01004--009 **150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650737139	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Fox, K.C.

Street Address (P.O. Box Number is Not Acceptable): 1634 Northgate Blvd.

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34234

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *K.C. Fox, Pres* Date: 10/1/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	K.C. Fox	1634 Northgate Blvd.	Sarasota, FL. 34234

10. 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: *K.C. Fox, Pres.* Date: 10/1/03 Daytime Phone #: 941-358-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2 10/2



RESTAURANT EQUIPMENT & SUPPLY, Inc.

**1634 Northgate Blvd.
(941) 358-6601**

**Sarasota, FL 34234
FAX: (941) 358-6901**

10/1/03

Fox Restaurant Equipment & Supply, INC.
Doc#P97000033722

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Dept. of State,

It has come to my attention that we have become inactive due to our Uniform Business Report (UBR) form not being renewed. I did not receive this, for if I did, I would have prepared this without fail. We have been paying tax and doing everything that needs to be done on a regular basis. To follow is the reinstatement form and fee. Please accept this as we ask for a waiver of the penalties and fees. Thank you.

K.C. Fox, /President

Thank you,
K.C. Fox, Pres
