

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 cel 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 15 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747000009088**

1. Corporation Name

KEY WEST GOURMET FOODS, INC.

200007635482--6
-09/10/02--01049--009
****600.00 ****600.00

2. Principal Office Address

1593 CORAL RIDGE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 771656

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL.

City & State

CORAL SPRINGS, FL.

Zip

33071

Country

U.S.A.

Zip

33077-1656

Country

U.S.A.

4. Date incorporated or Qualified
To Do Business in Florida

2/8/97

5. FEI Number

65-0773224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE GELAKIS

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

1593 CORAL RIDGE DR.

Suite, Apt. #, Etc.

City

CORAL SPRINGS, FLORIDA

State
FL

Zip Code

33071

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

REGISTERED AGENT MUST SIGN

Date

8/5/02

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
P,V,S,T	GEORGE GELAKIS	1593 CORAL RIDGE DR.	CORAL SPRINGS, FL 33071

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

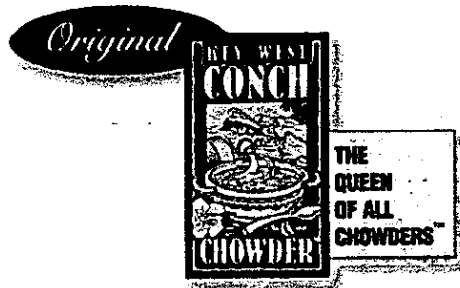
Date

8/5/02

Daytime Phone #

954.796.8630

CR2001 (9/01)



222

KEY WEST GOURMET FOODS, INC.

P.O. BOX 771656
CORAL SPRINGS, FLORIDA
33077-1656
U.S.A.
Tel. 954-796-8630
Fax. 954-796-8669

"Purveyors of Premium Food Products"

August 5, 2002

Department Of State
Division Of Corporations
409 East Gaines St.
Tallahassee, FL
32399

Re: Corporation Reinstatement – Letter Of Waiver

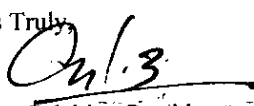
To Whom It May Concern,

Please find enclosed an Application For Corporation Reinstatement, and a check for \$600.00 as per the Filing Fees for Key West Gourmet Foods, Inc., since 1999.

In addition, we are asking for a Waiver Of Penalty/Reinstatement Fees as we did not receive the Uniform Business Report notice in 1999, or thereafter.

Please feel free to call me should you have any further questions. In the meantime, I thank you for your attention to this matter.

Yours Truly,


George Gelakis - President
Key West Gourmet Foods, Inc.

Encl.
GG/na