

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 15 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098365

1. Corporation Name

KITCHEN-TEK ORLANDO, INC.

Principal Place of Business

Mailing Address

4075D LB MCLEOD RD.
ORLANDO FL 32811

4075D LB MCLEOD RD.
ORLANDO FL 32811

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

11/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3480592

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. A Additional Fee required
for 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	4 City / State / Zip
D	DANIELS, RUTH	4075D LB MCLEOD RD.	ORLANDO FL 32811
			500003063385--B -12/07/99--01077--024 ****758.00****758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANN, DONALD
4750 N. DIXIE HWY
FT. LAUDERDALE FL

Name
STEVEN MANKOVITZ
Street Address (P.O. Box Number is Not Acceptable)
4750 N. DIXIE HWY
Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip
33334

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

Steven Mankovitz

REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-99

11. 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)(l), 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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ruth Daniels

Date

10-29-99

Daytime Phone #

CR2500 (8/99)