

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:25

DOCUMENT # **P97000098365**

1. Corporation Name

**KITCHEN-TEK ORLANDO, INC.**

Principal Place of Business

Mailing Address

~~4075D LB MCLEOD RD.~~

~~ORLANDO FL 32811~~

**4750 N. Dixie Hwy  
Ft. Lauderdale, FL 33334**

~~4075D LB MCLEOD RD.~~

~~ORLANDO FL 32811~~

**4750 N. Dixie Hwy  
Ft. Lauderdale, FL 33334**

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

2. New Principal Office Address, If Applicable

**4750 N. Dixie Hwy**

Suite, Apt. #, etc.

**16**

City & State

**Ft. Lauderdale FL**

Zip

**33334**

Country

3. New Mailing Office Address, If Applicable

**4750 N. Dixie Hwy**

Suite, Apt. #, etc.

**16**

City & State

**Ft. Lauderdale FL**

Zip

**33334**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/17/1997**

5. FEI Number

**59-3480592**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>DANIELS, RUTH</b>	<b>4075D LB MCLEOD RD.</b>	<b>ORLANDO FL 32811</b>

**1000003473401--1**  
**-11/21/00--01101--010**  
**\*\*\*750.00 \*\*\*750.00**

8. Name and Address of Current Registered Agent

**MANKOVITZ, STEVEN  
4750 N. DIXIE HWY  
FT. LAUDERDALE FL**

9. Name and Address of New Registered Agent

Name

**Marc Daniels**

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

**4750 N. Dixie Hwy**

Suite, Apt. #, Etc.

**16**

City

**Ft. Lauderdale**

State

**FL**

Zip Code

**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

**X**

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

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)(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: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/00)