

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 AUG 21 AM 10:12

FILED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DOCUMENT # **P98000104990**

1. Corporation Name

**EXECUTIVE KITCHEN
& BATH, INC.**

2. Principal Office Address

2242 SW Import Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1034 SW Bayshore Blvd.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34953

Country

USA

Zip

34983

Country

USA

REINSTATEMENT

2000-2006

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/1998

5. FEI Number

65-0897505

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

John Bommarito

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

2242 SW Import Ave

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34953

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

[Signature of John Bommarito]

REGISTERED AGENT MUST SIGN

Date

8/14/2006

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
President	John Bommarito	2242 SW Import Ave	Port St. Lucie, FL 34953
Sec. / Treasurer	Vicki Bommarito	2242 SW Import Ave	Port St. Lucie, FL 34953

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 contained in Chapter 119, 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 of John Bommarito]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Bommarito

Date

8/9/06

Daytime Phone #

(772) 528-7058

B. Mitchell

AUG 21 2006